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**Knodel et al.**

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(54) **SURGICAL INSTRUMENT HAVING A  
ROTARY LOCKOUT MECHANISM**

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U.S.C. 154(b) by 270 days.

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(51) **Int. Cl.**<sup>7</sup> ..... **A61B 17/10**

(52) **U.S. Cl.** ..... **606/139**

(58) **Field of Search** ..... 606/139

(56) **References Cited**

**U.S. PATENT DOCUMENTS**

|             |           |                         |           |
|-------------|-----------|-------------------------|-----------|
| 3,740,994 A | 6/1973    | DeCarlo, Jr. ....       | 72/407    |
| 4,325,376 A | 4/1982    | Klieman et al. ....     | 128/325   |
| 4,478,220 A | 10/1984   | Di Giovanni et al. .... | 128/326   |
| 4,527,724 A | 7/1985    | Chow et al. ....        | 227/8     |
| 4,665,906 A | 5/1987    | Jervis ....             | 128/92    |
| 4,925,445 A | 5/1990    | Sakamoto et al. ....    | 604/95    |
| 5,171,249 A | 12/1992   | Stefanchik et al. ....  | 606/142   |
| 5,203,864 A | 4/1993    | Phillips ....           | 606/151   |
| 5,217,486 A | 6/1993    | Rice et al. ....        | 606/232   |
| 5,290,297 A | 3/1994    | Phillips ....           | 606/144   |
| 5,470,010 A | * 11/1995 | Rothfuss et al. ....    | 227/177.1 |
| 5,478,003 A | 12/1995   | McClure                 |           |

|             |          |                       |           |
|-------------|----------|-----------------------|-----------|
| 5,582,616 A | 12/1996  | Bolduc et al. ....    | 606/143   |
| 5,601,573 A | 2/1997   | Fogelberg et al. .... | 606/143   |
| 5,673,842 A | 10/1997  | Bittner et al. ....   | 227/175.4 |
| 5,810,882 A | 9/1998   | Bolduc et al. ....    | 606/213   |
| 5,830,221 A | 11/1998  | Stein et al. ....     | 606/151   |
| 5,833,700 A | 11/1998  | Fogelberg et al. .... | 606/158   |
| 5,878,938 A | 3/1999   | Bittner et al. ....   | 227/175.4 |
| 5,921,997 A | 7/1999   | Fogelberg et al. .... | 606/158   |
| 6,113,611 A | * 9/2000 | Allen et al. ....     | 606/151   |

**FOREIGN PATENT DOCUMENTS**

|    |            |        |                   |
|----|------------|--------|-------------------|
| EP | 0324166 A  | 7/1989 |                   |
| EP | 0392750 B1 | 1/1995 | ..... A61B/17/068 |
| WO | WO98/11814 | 3/1998 | ..... A61B/17/068 |

**OTHER PUBLICATIONS**

European Search Report EP 01308842 dated May 20, 2003.

\* cited by examiner

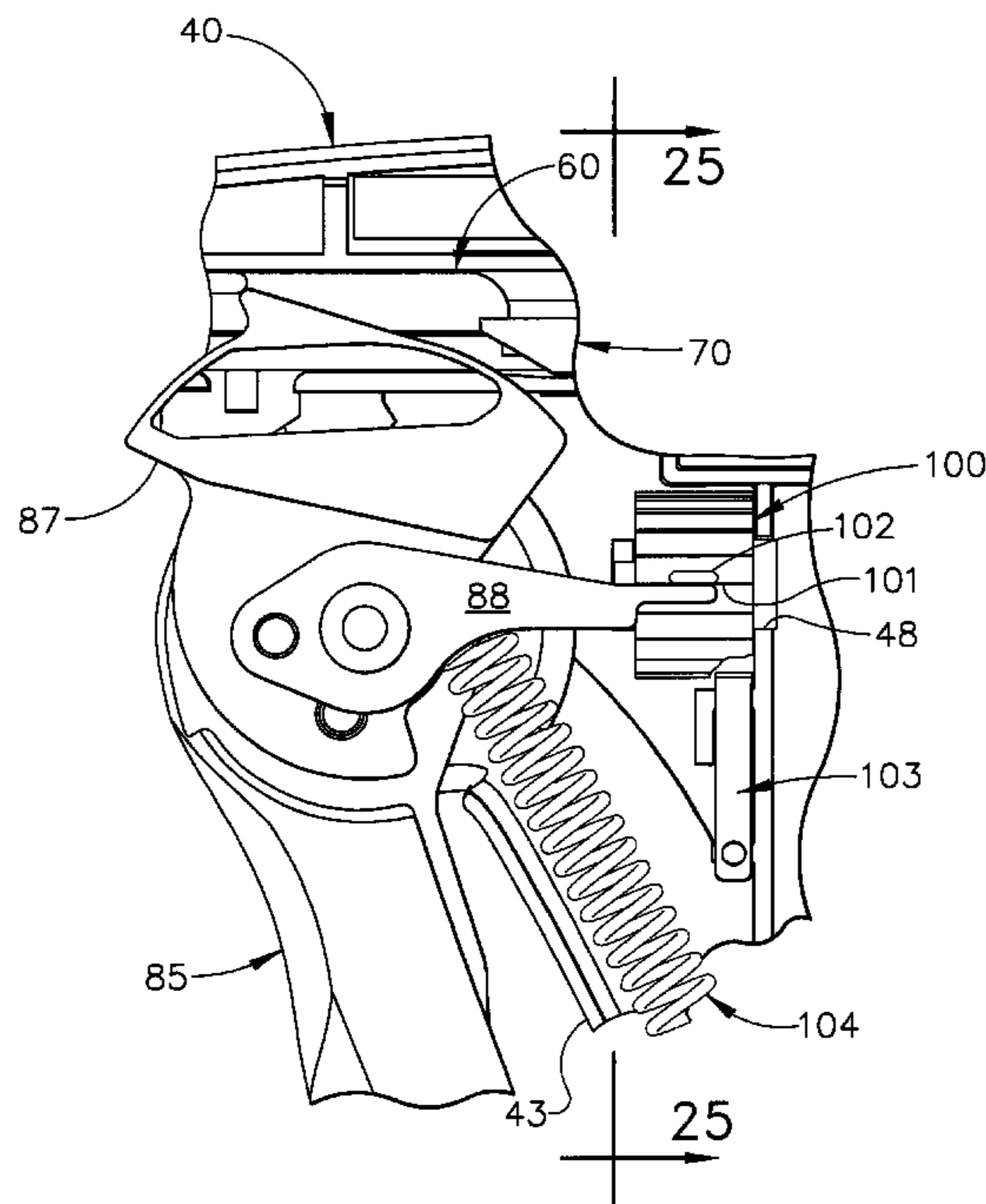
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*Assistant Examiner*—James Smith

(57) **ABSTRACT**

In accordance with the present invention there is provided a surgical fastening instrument. The instrument includes a handle and a shaft extending from the handle. The shaft contains a plurality of surgical fasteners therein. The instrument also has a mechanism for first distally deploying a penetrating member from the distal end of the shaft and thereafter feeding at least one of the surgical fasteners distally from the penetrating member. The instrument further includes a lockout mechanism for preventing the penetrating member from deploying from the shaft upon feeding all of the plurality of surgical fasteners from the shaft.

**12 Claims, 20 Drawing Sheets**



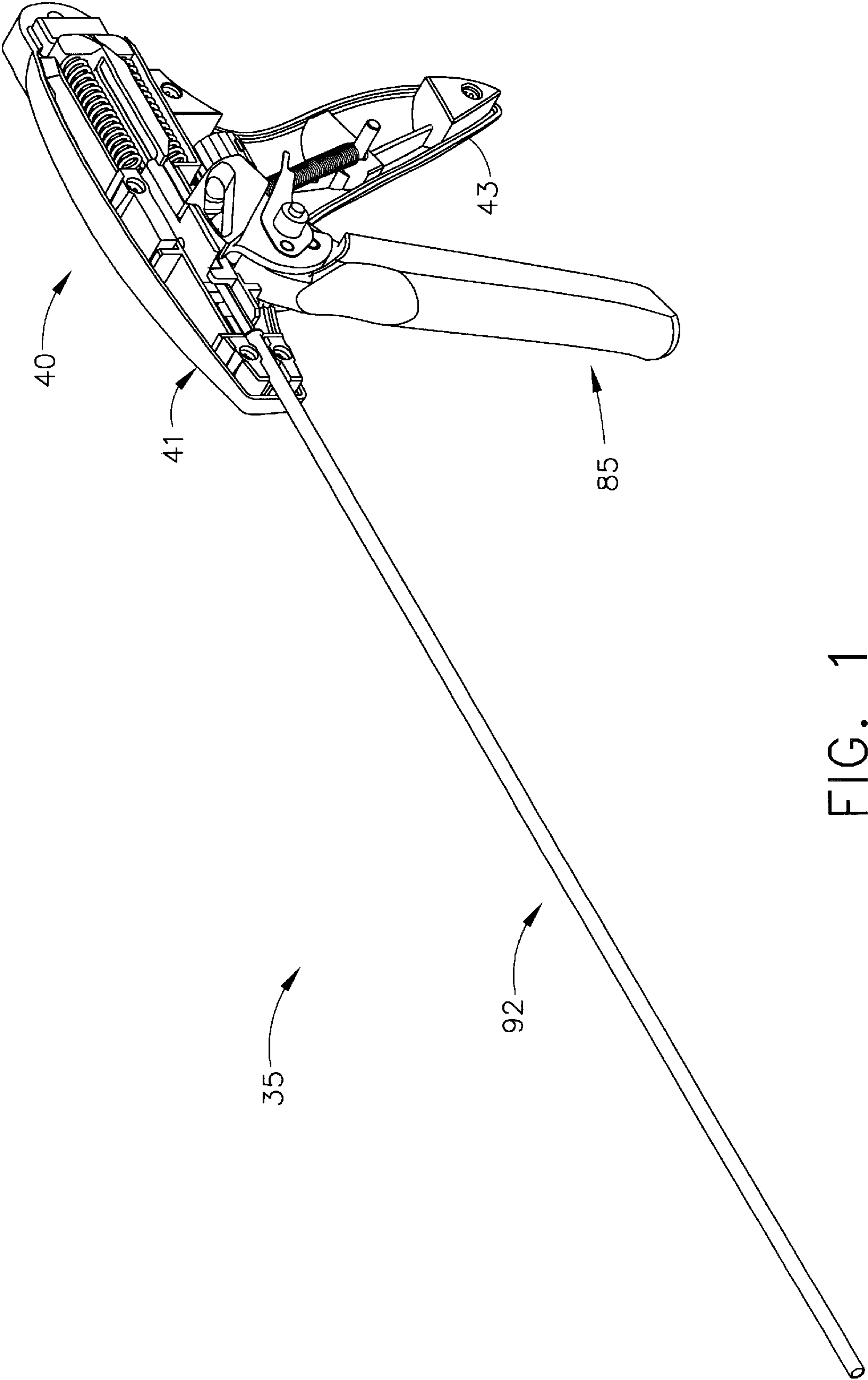


FIG. 1

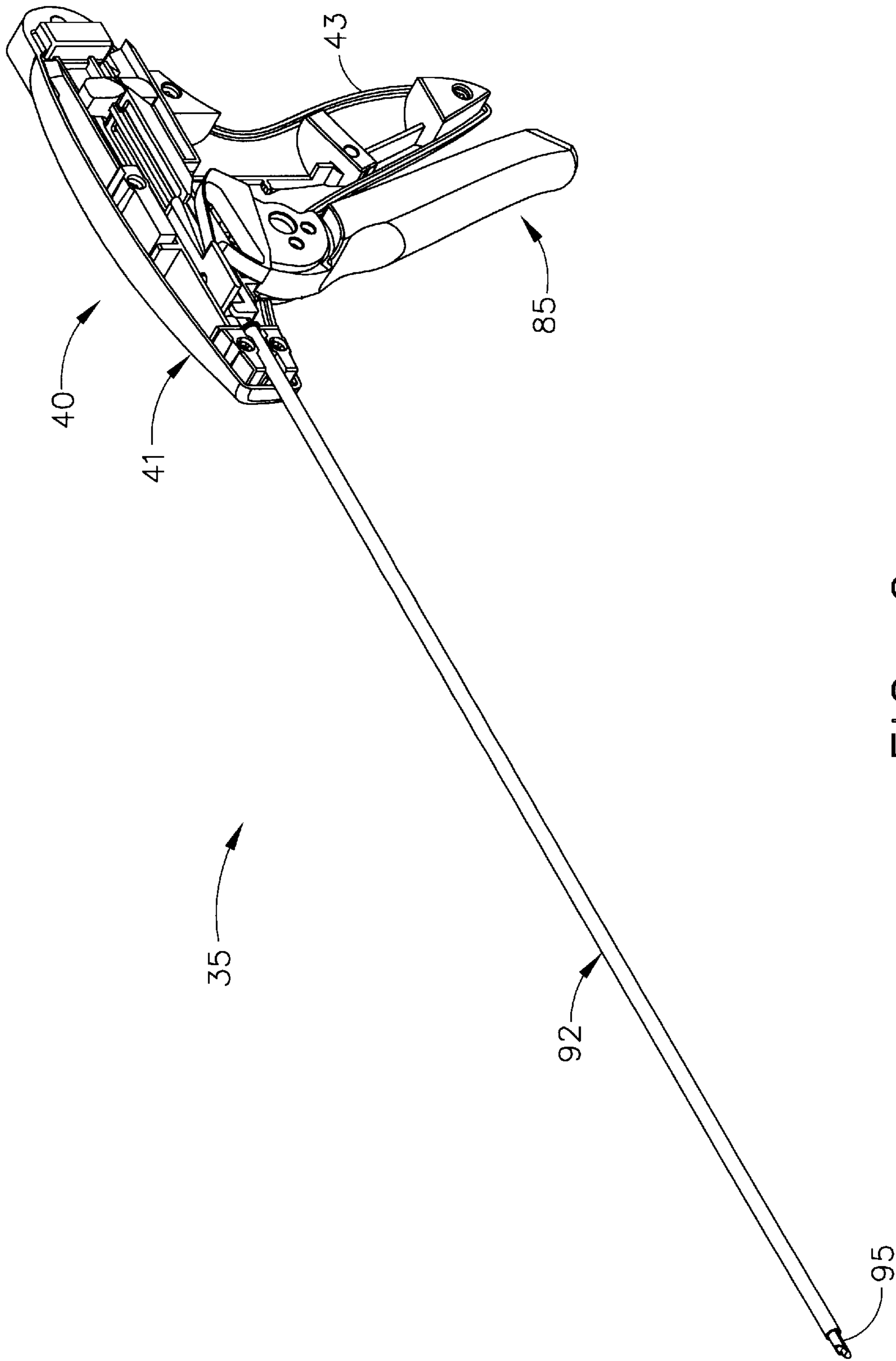


FIG. 2

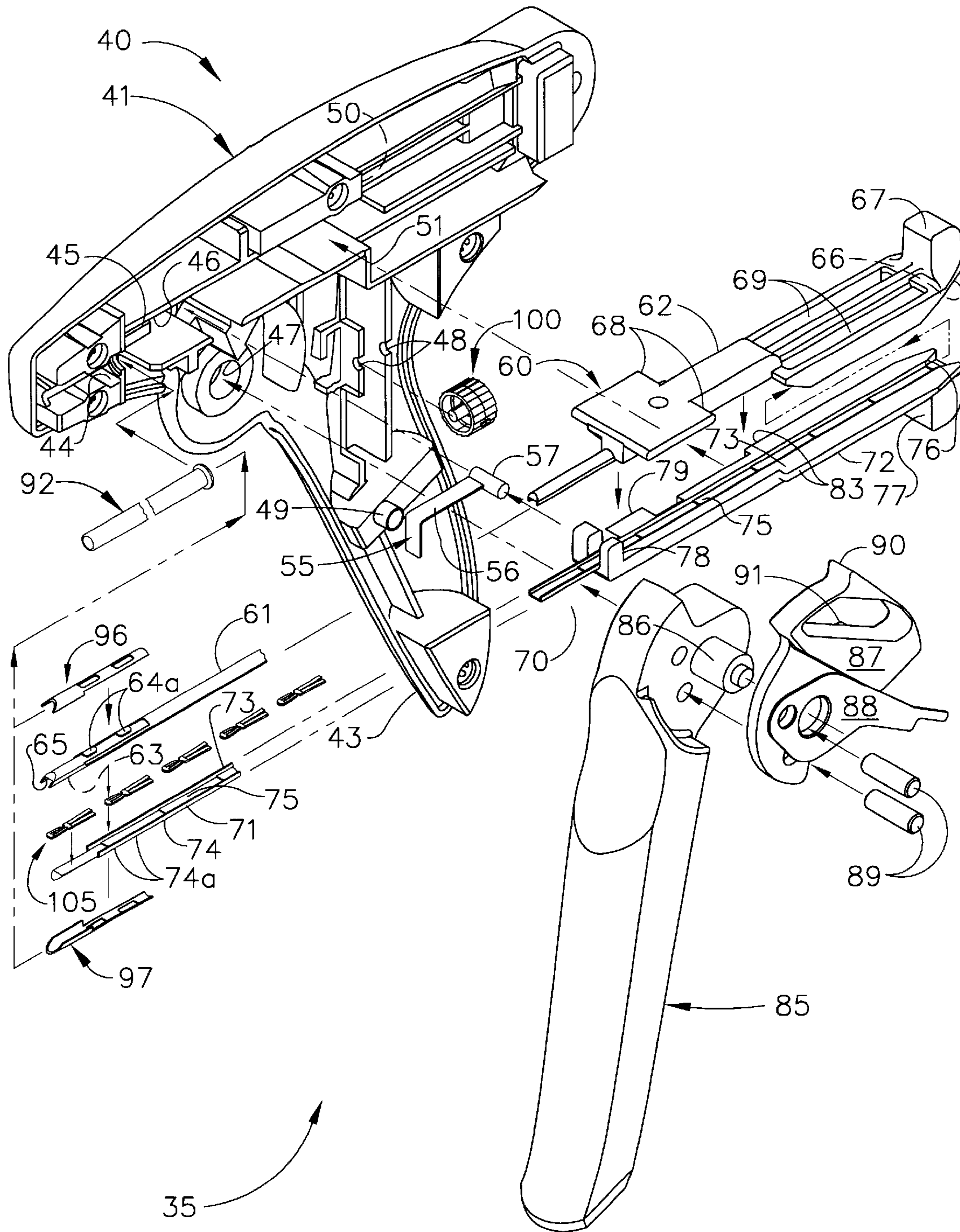


FIG. 2B

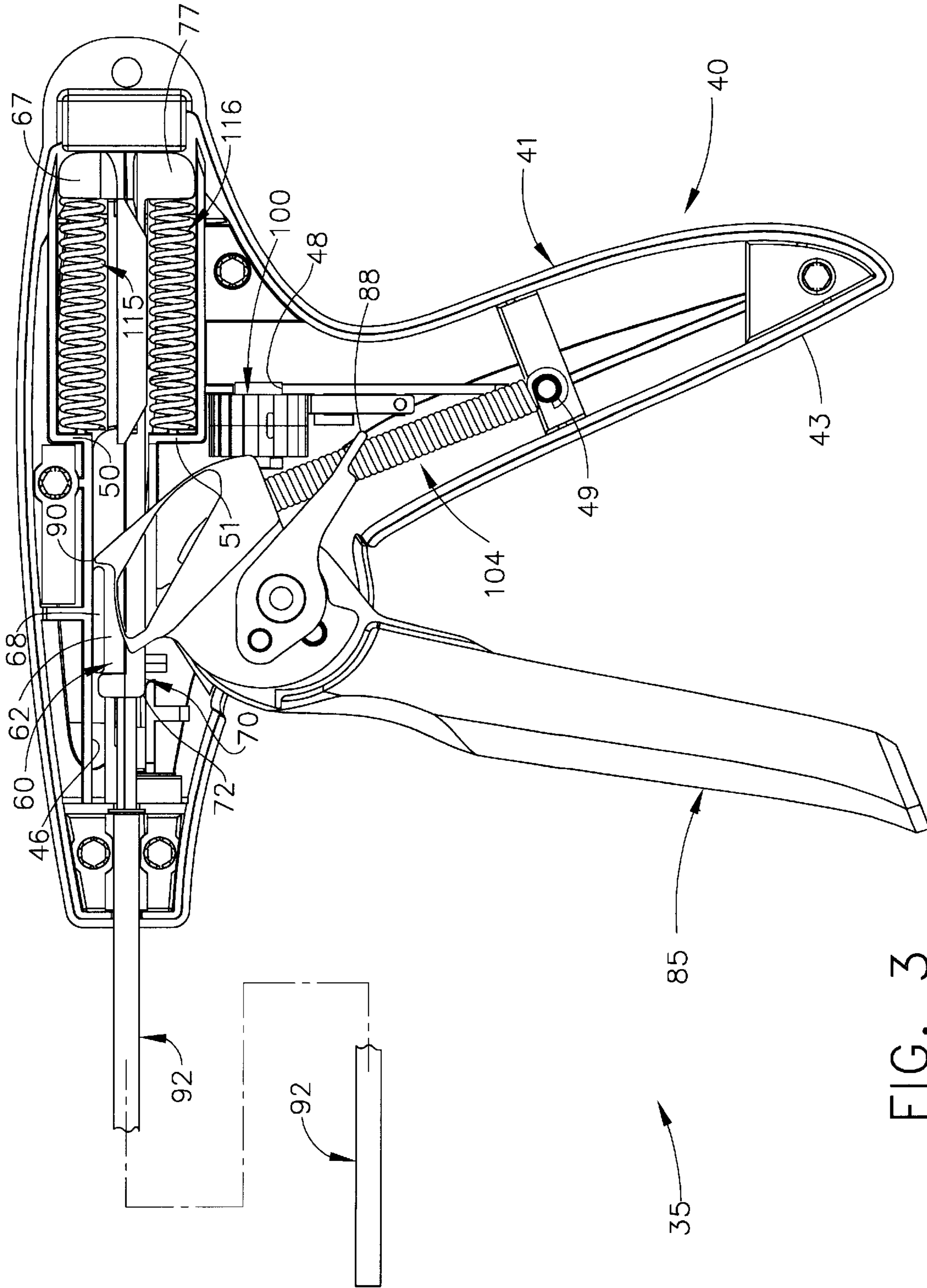


FIG. 3

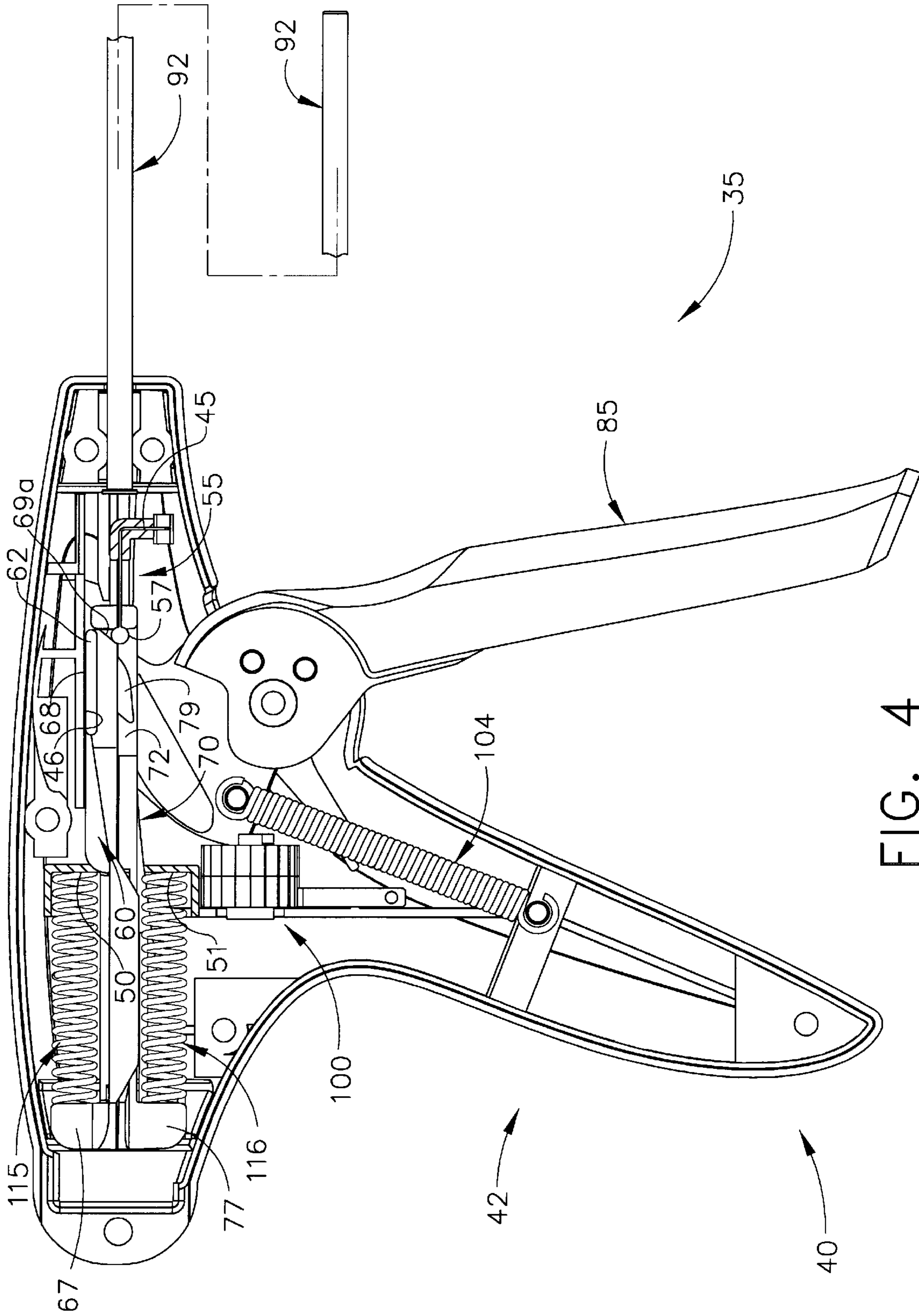


FIG. 4

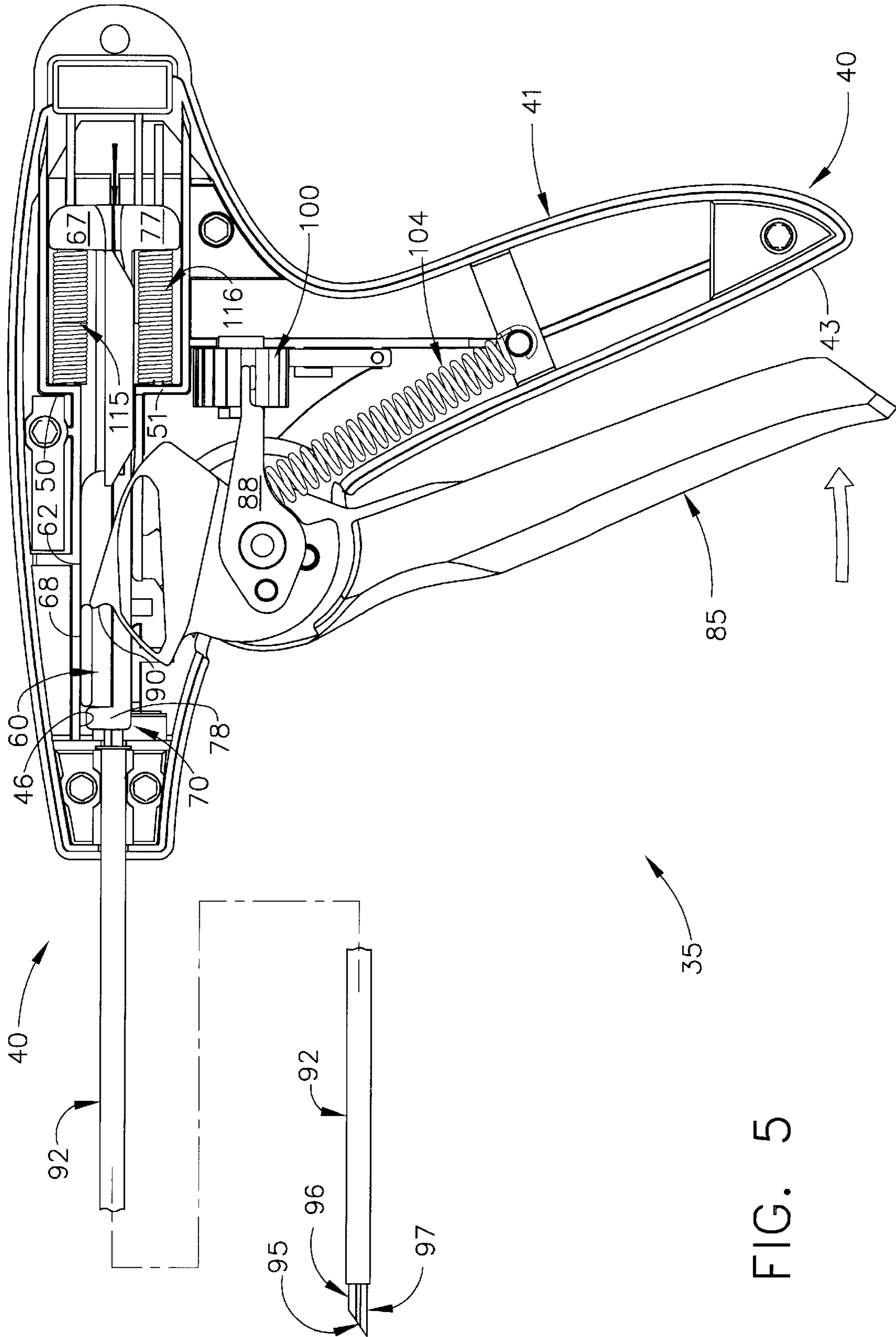


FIG. 5

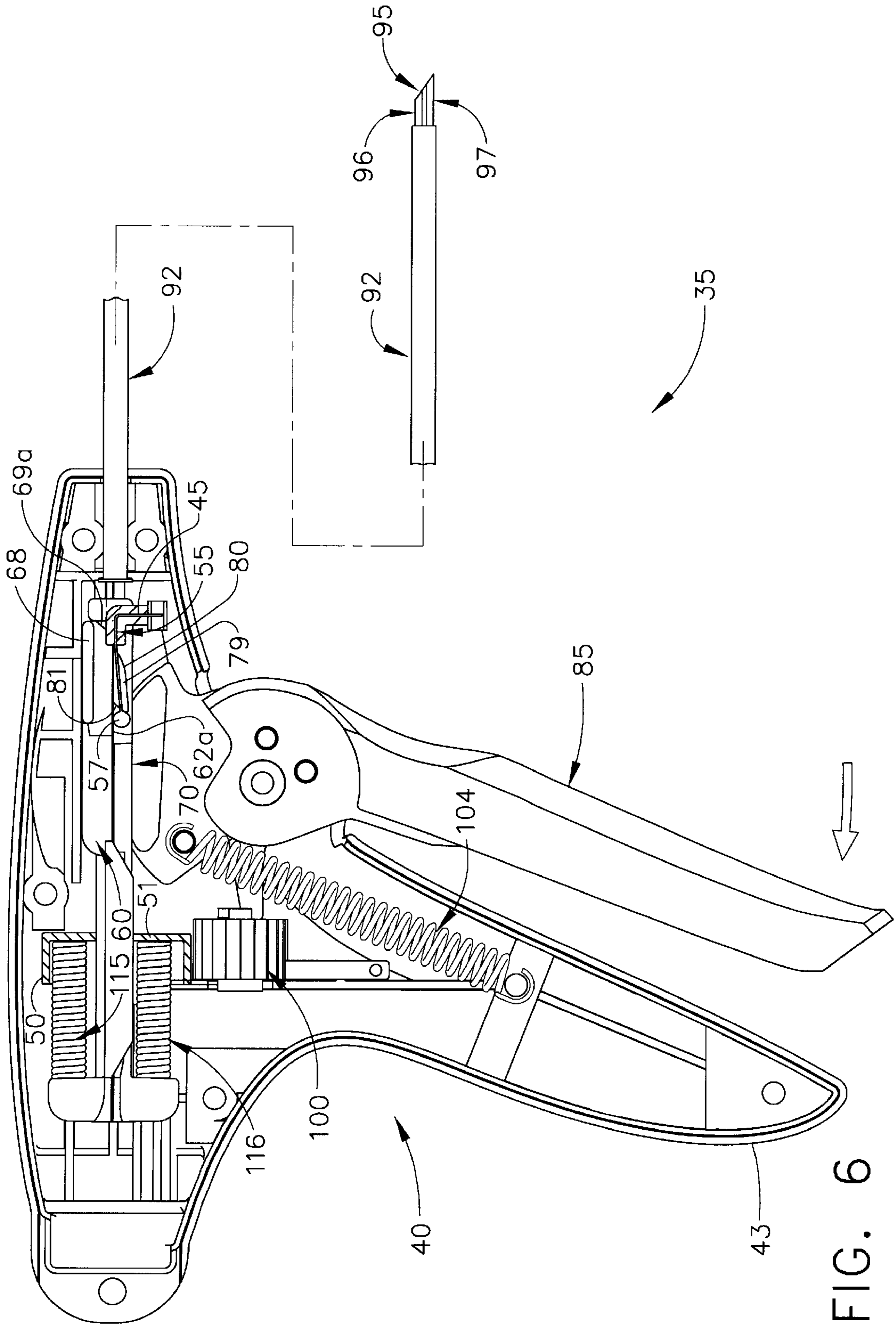


FIG. 6





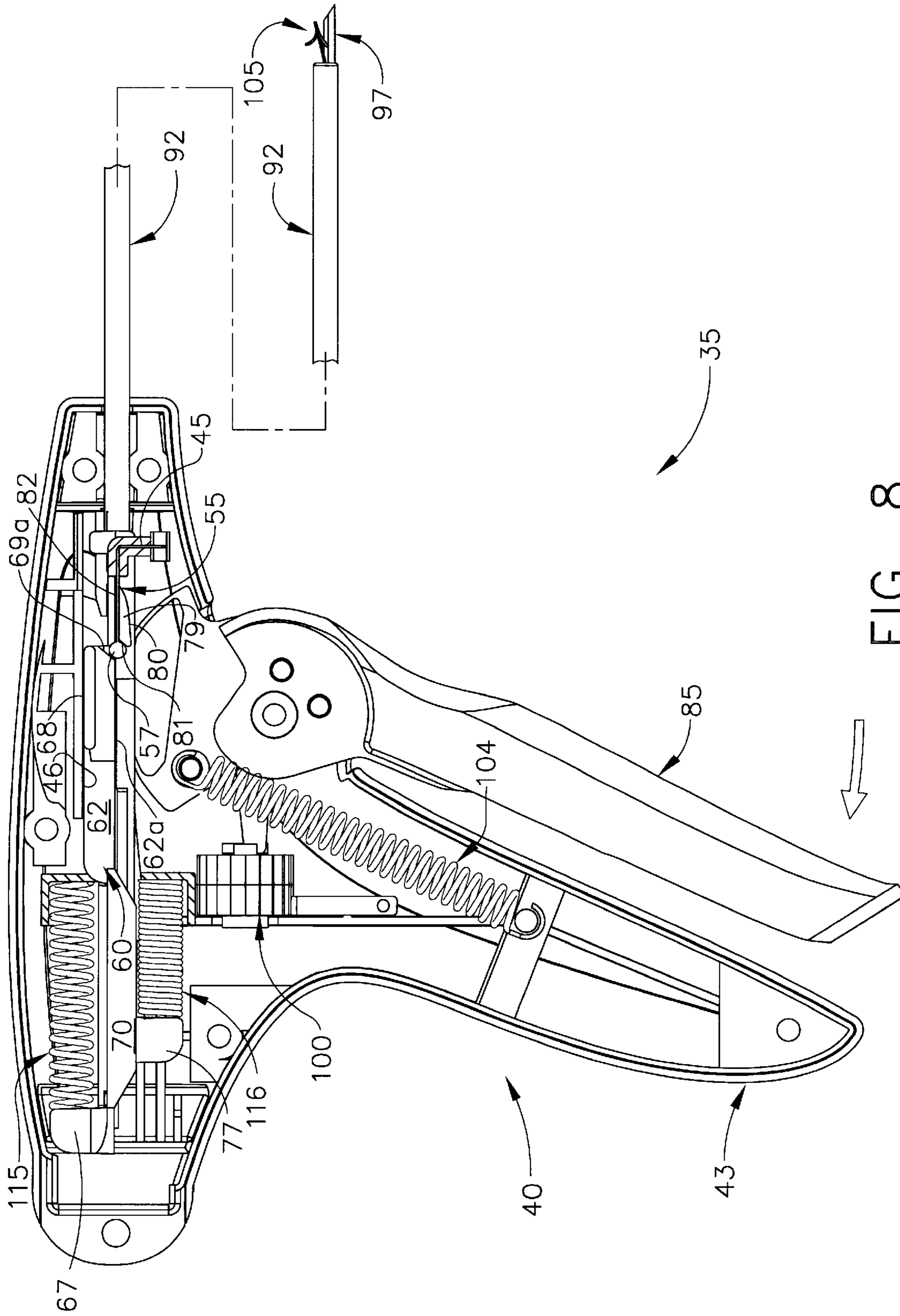


FIG. 8

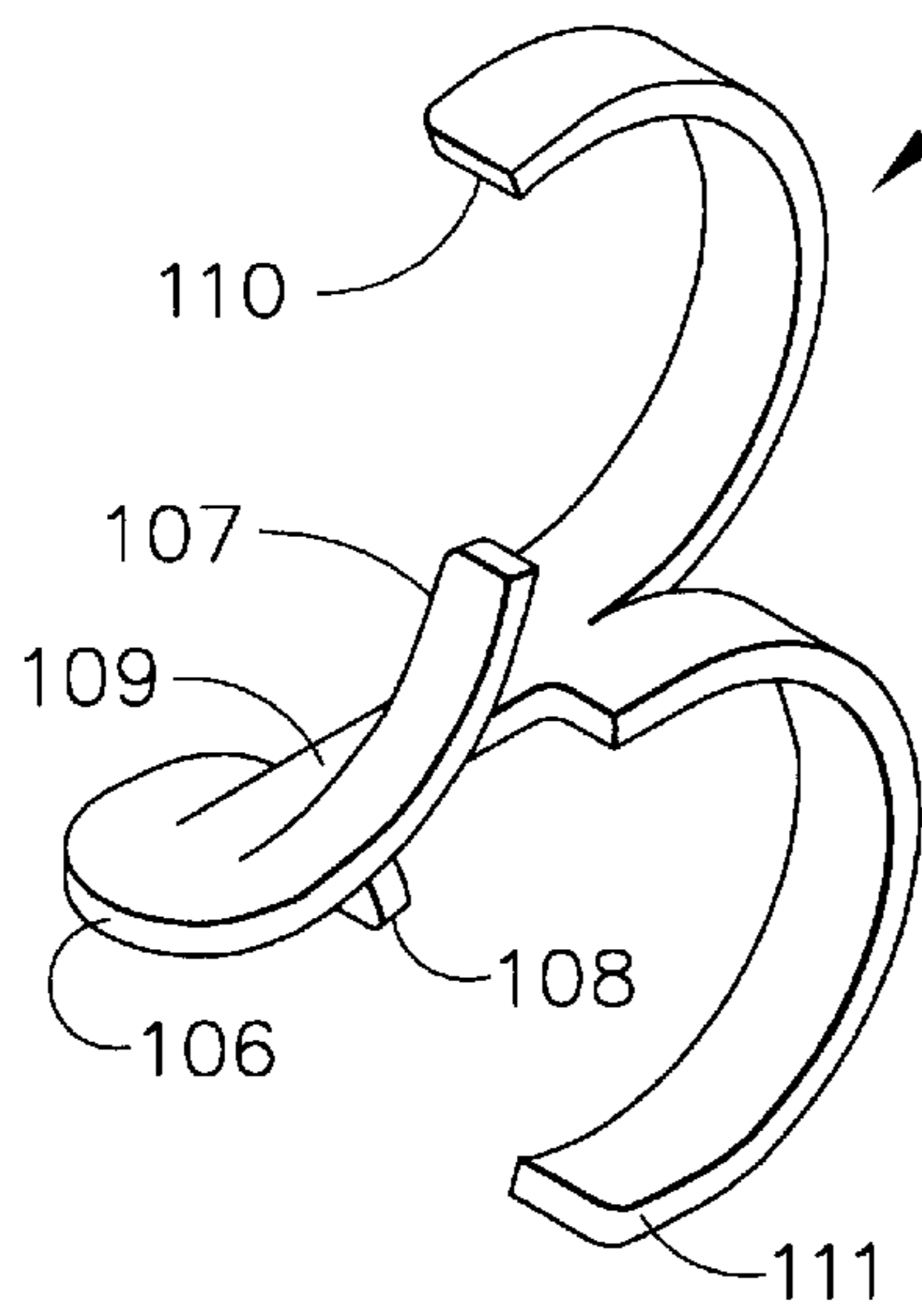


FIG. 9

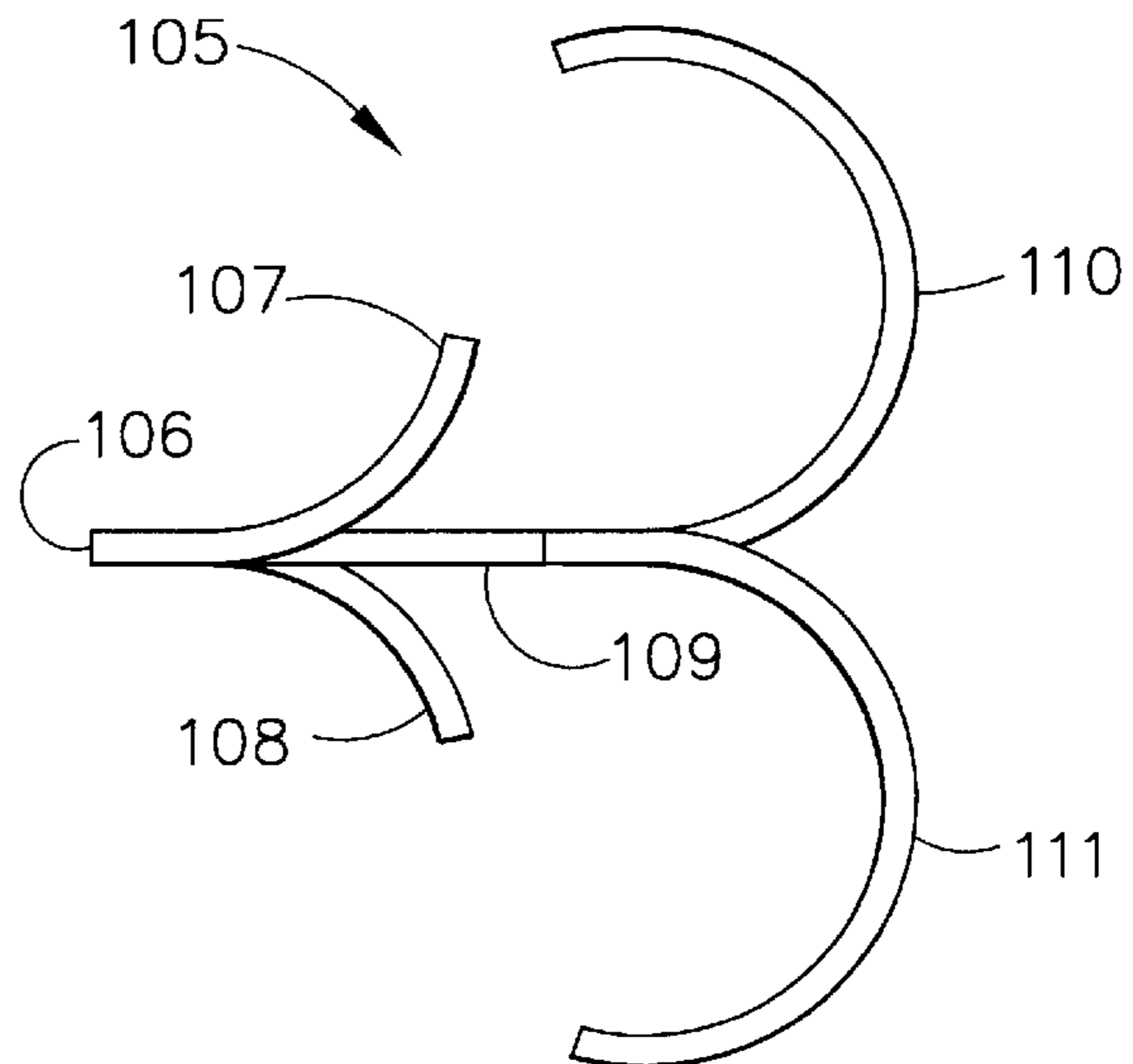


FIG. 10

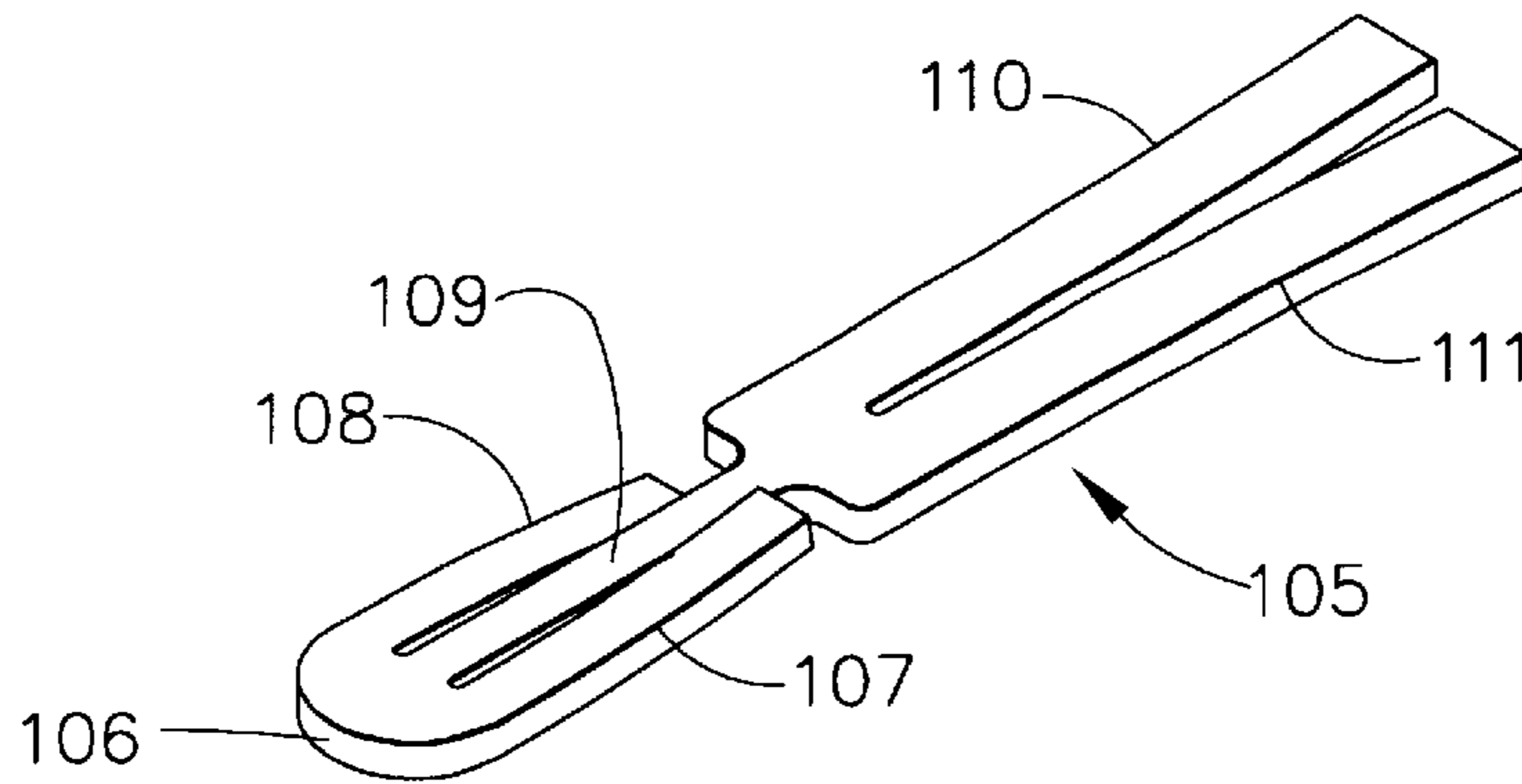


FIG. 11

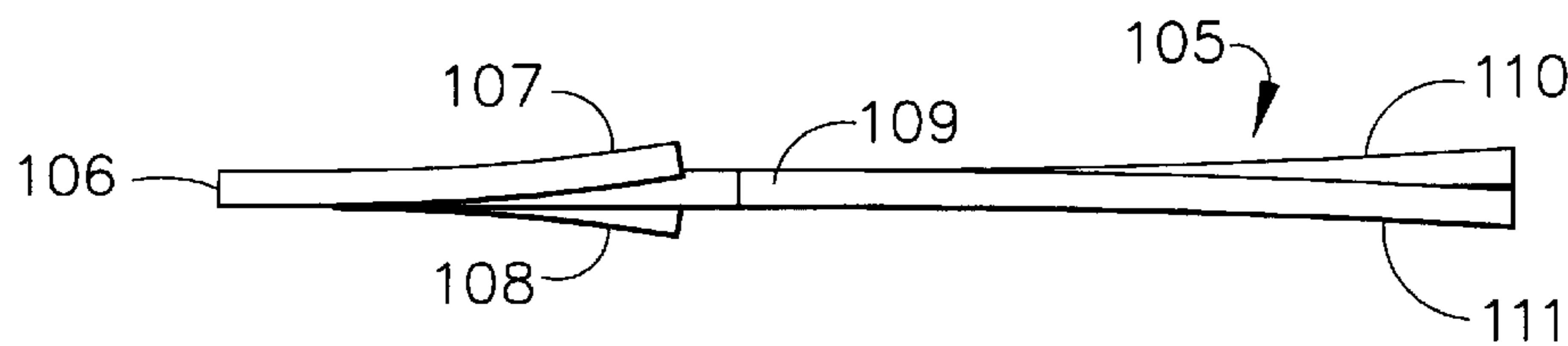


FIG. 12

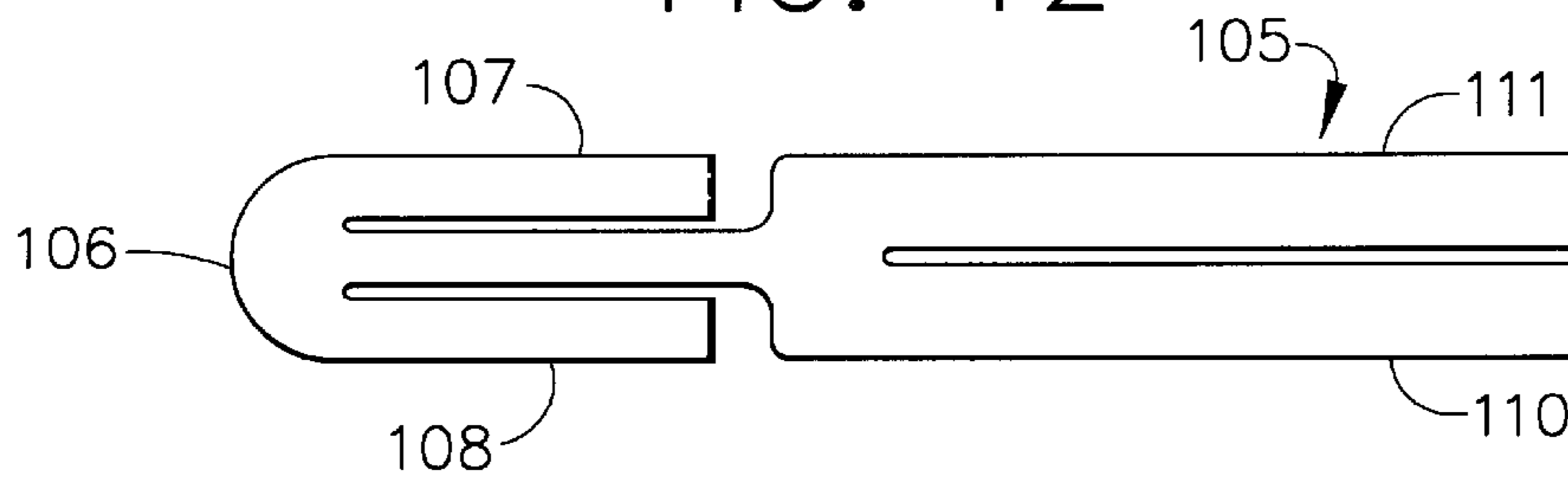


FIG. 13

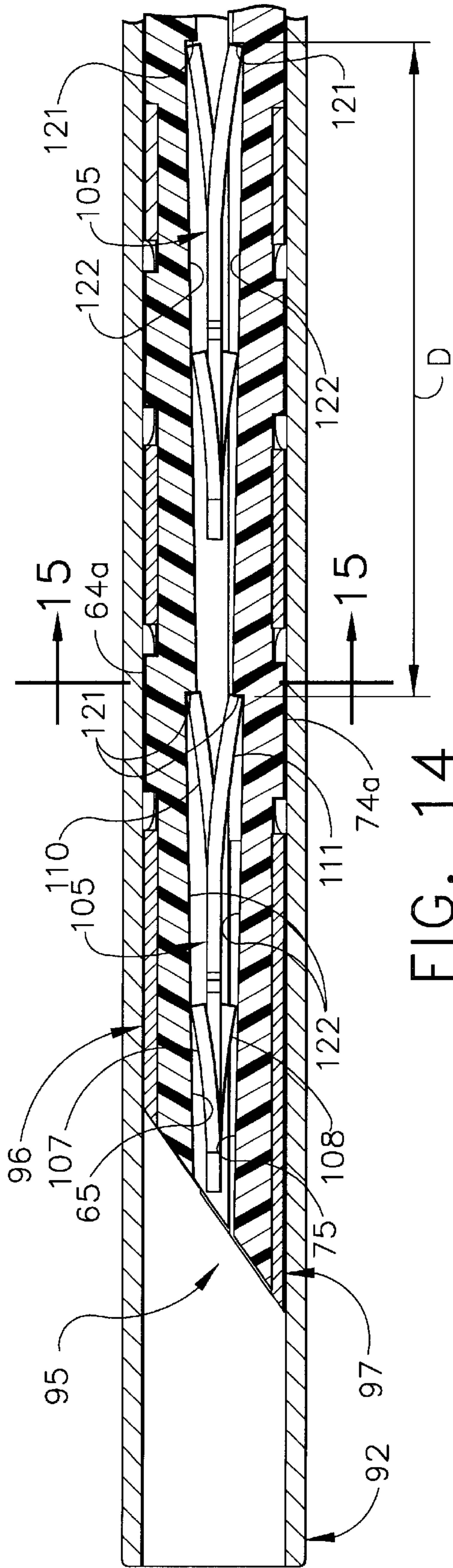


FIG. 14

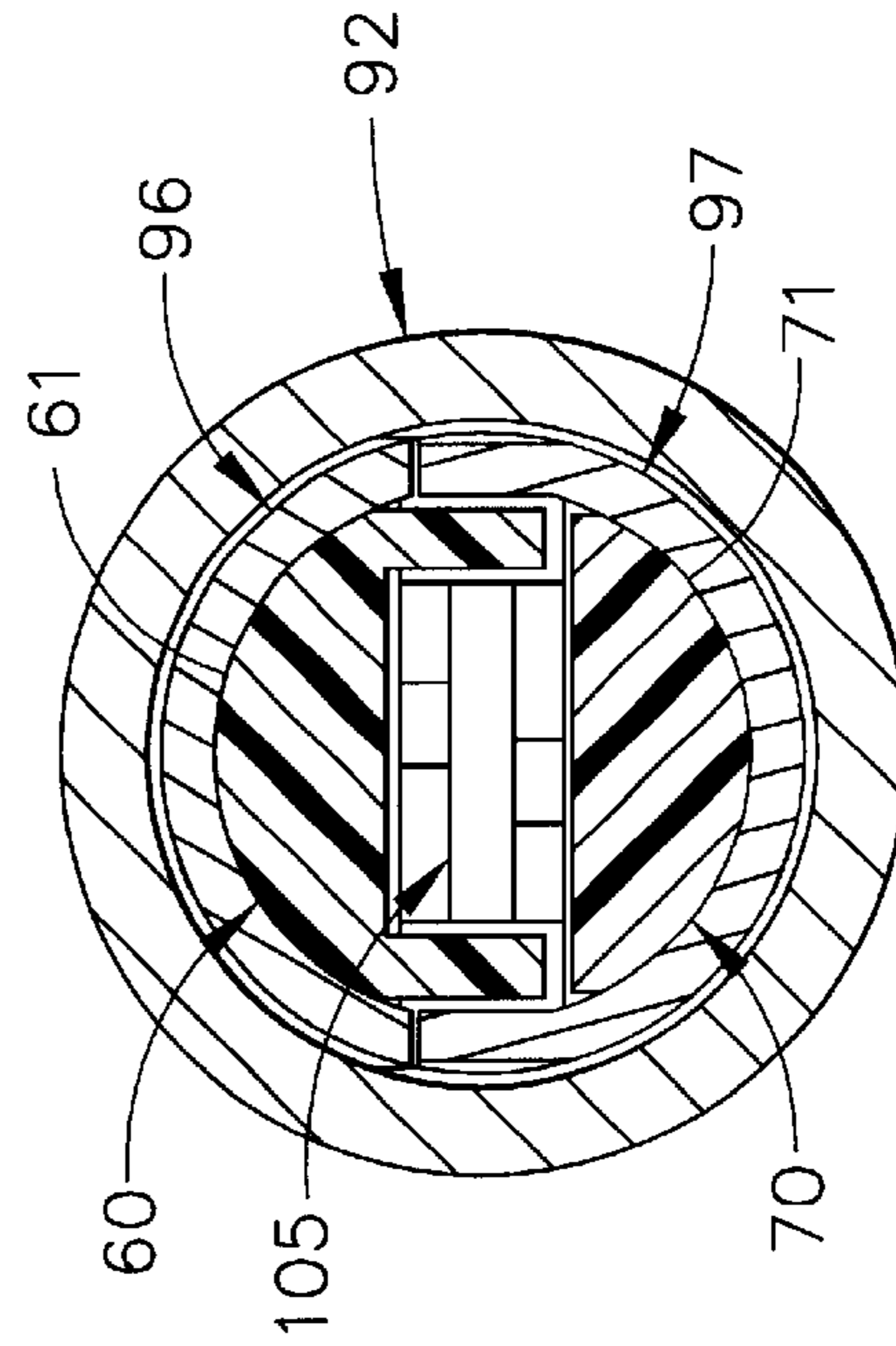


FIG. 15

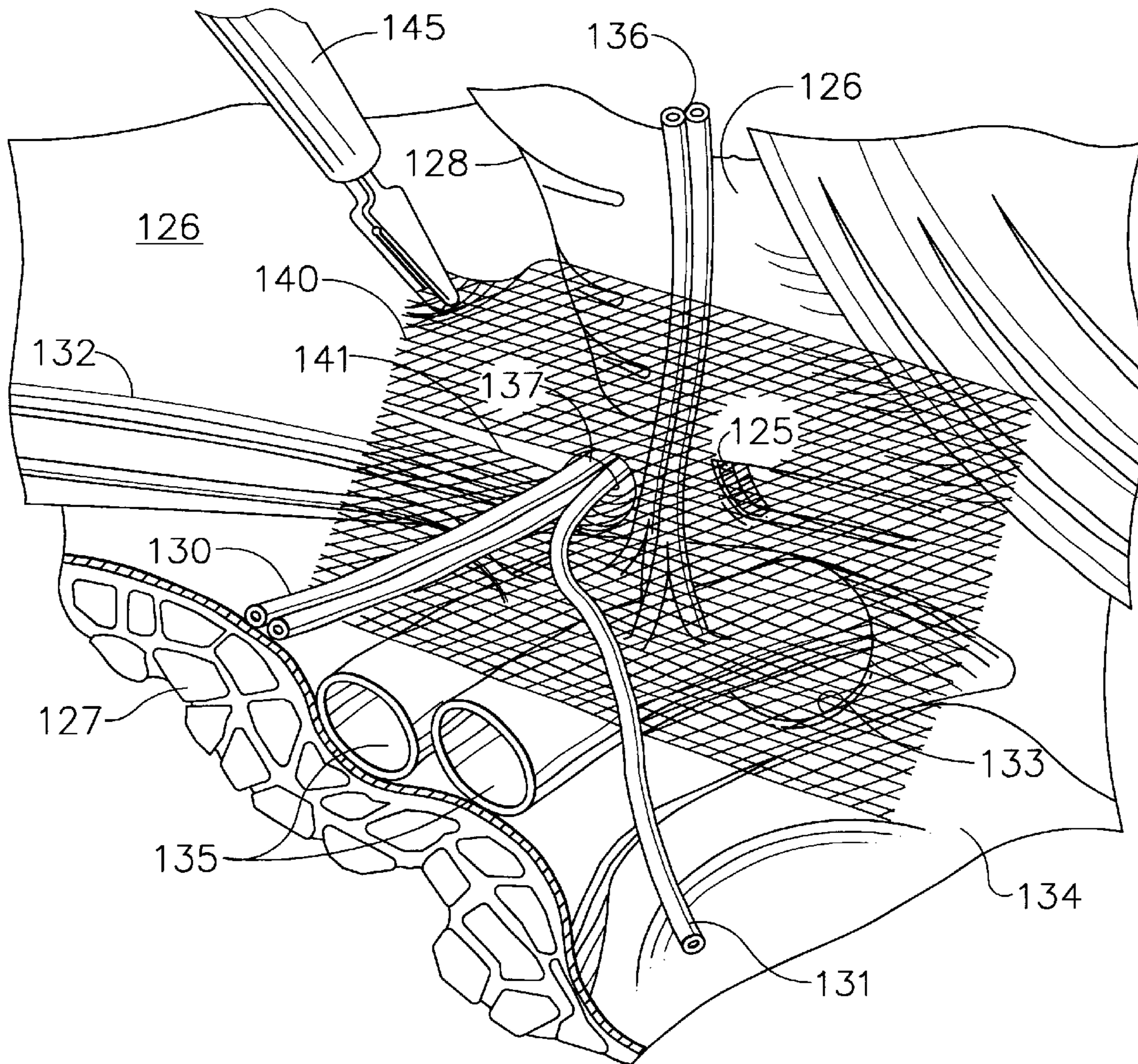


FIG. 16

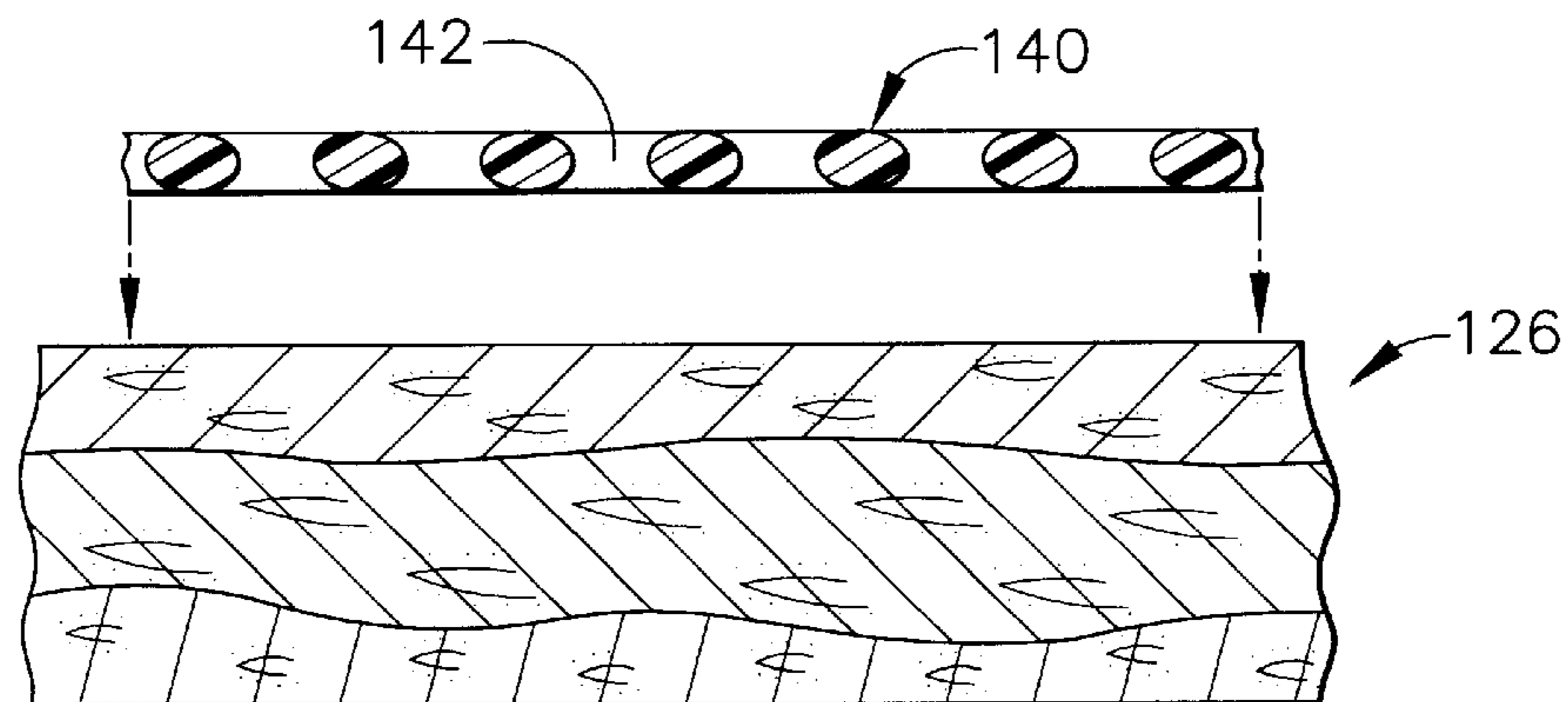


FIG. 17

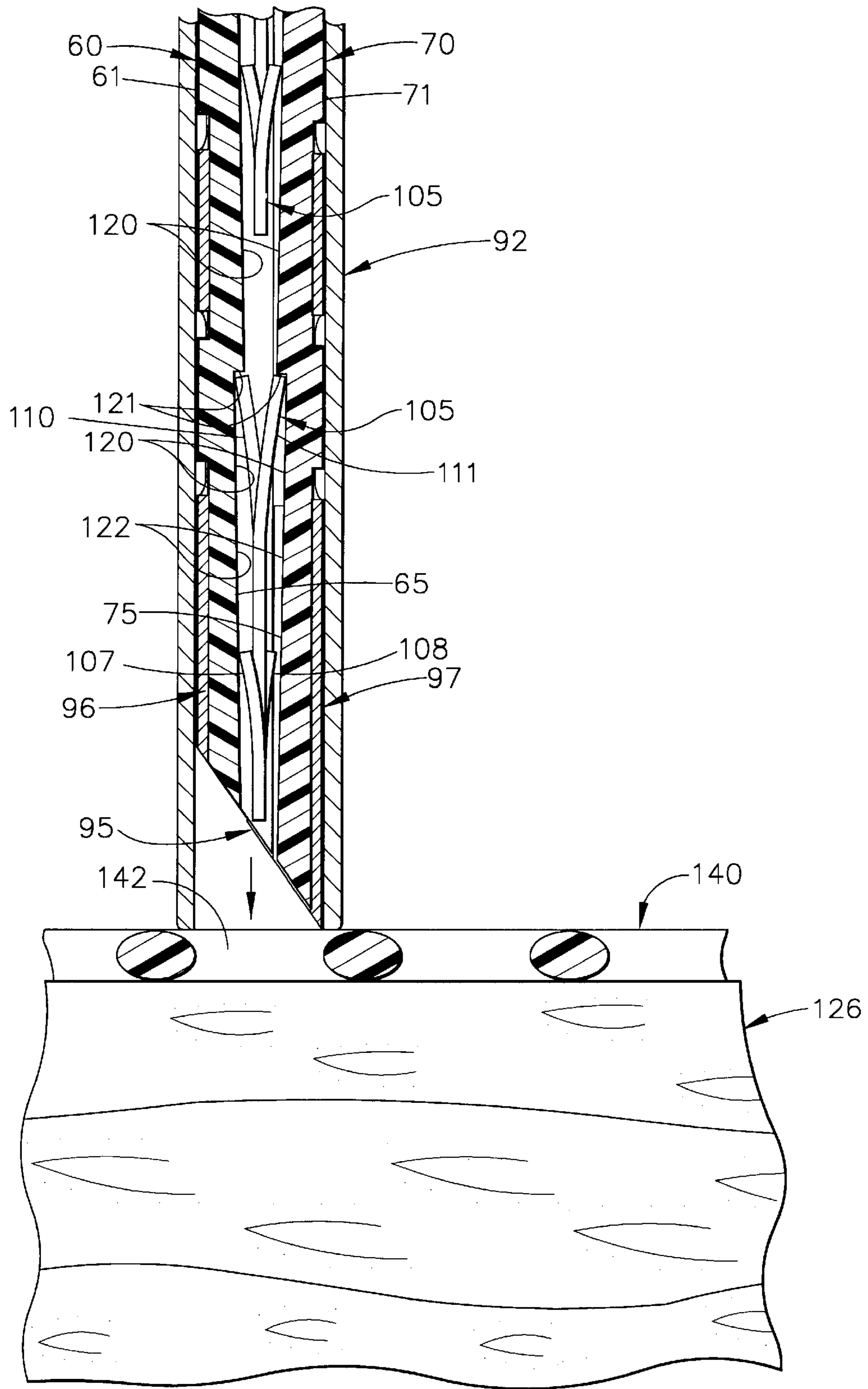


FIG. 18

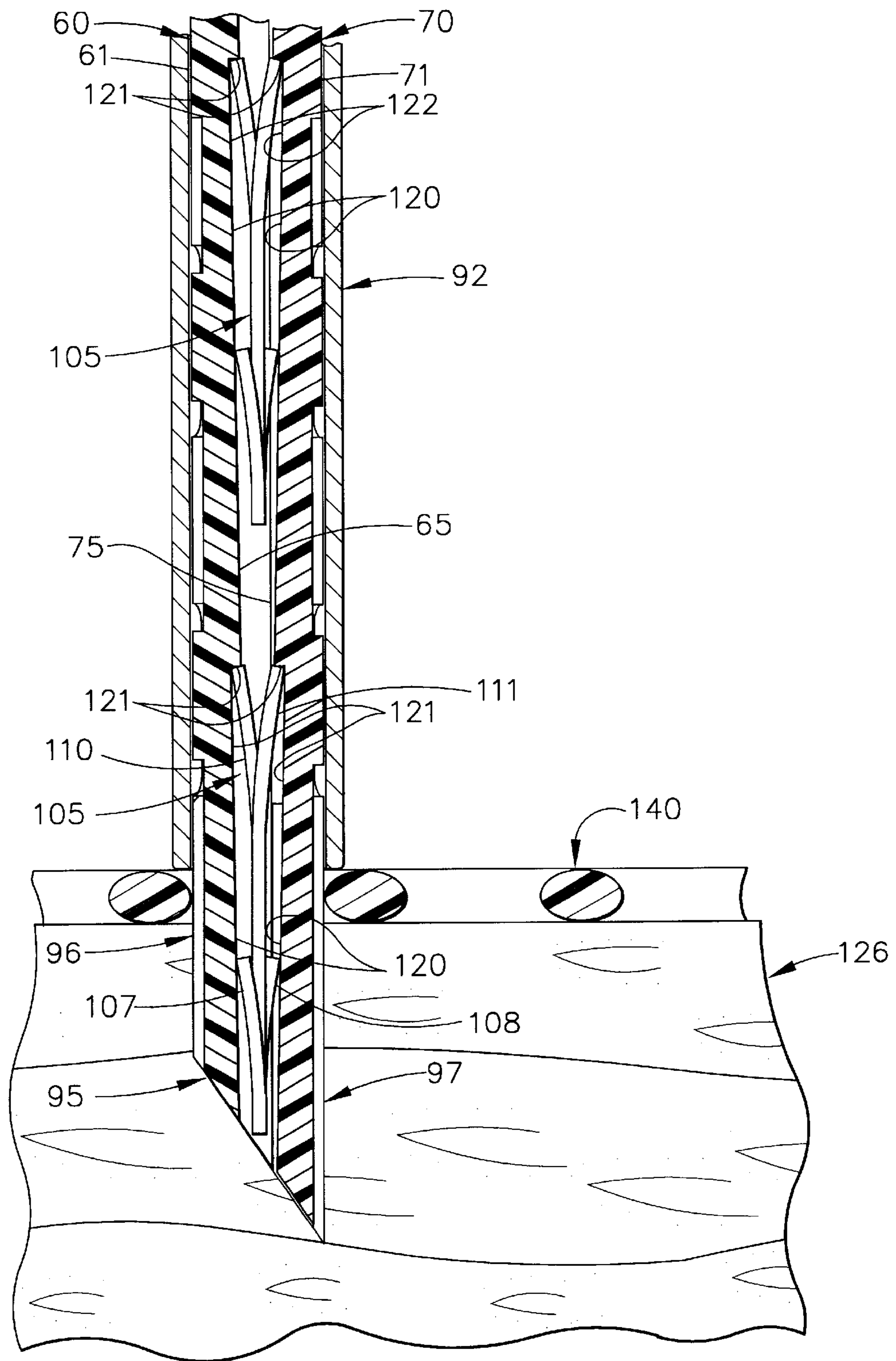


FIG. 19

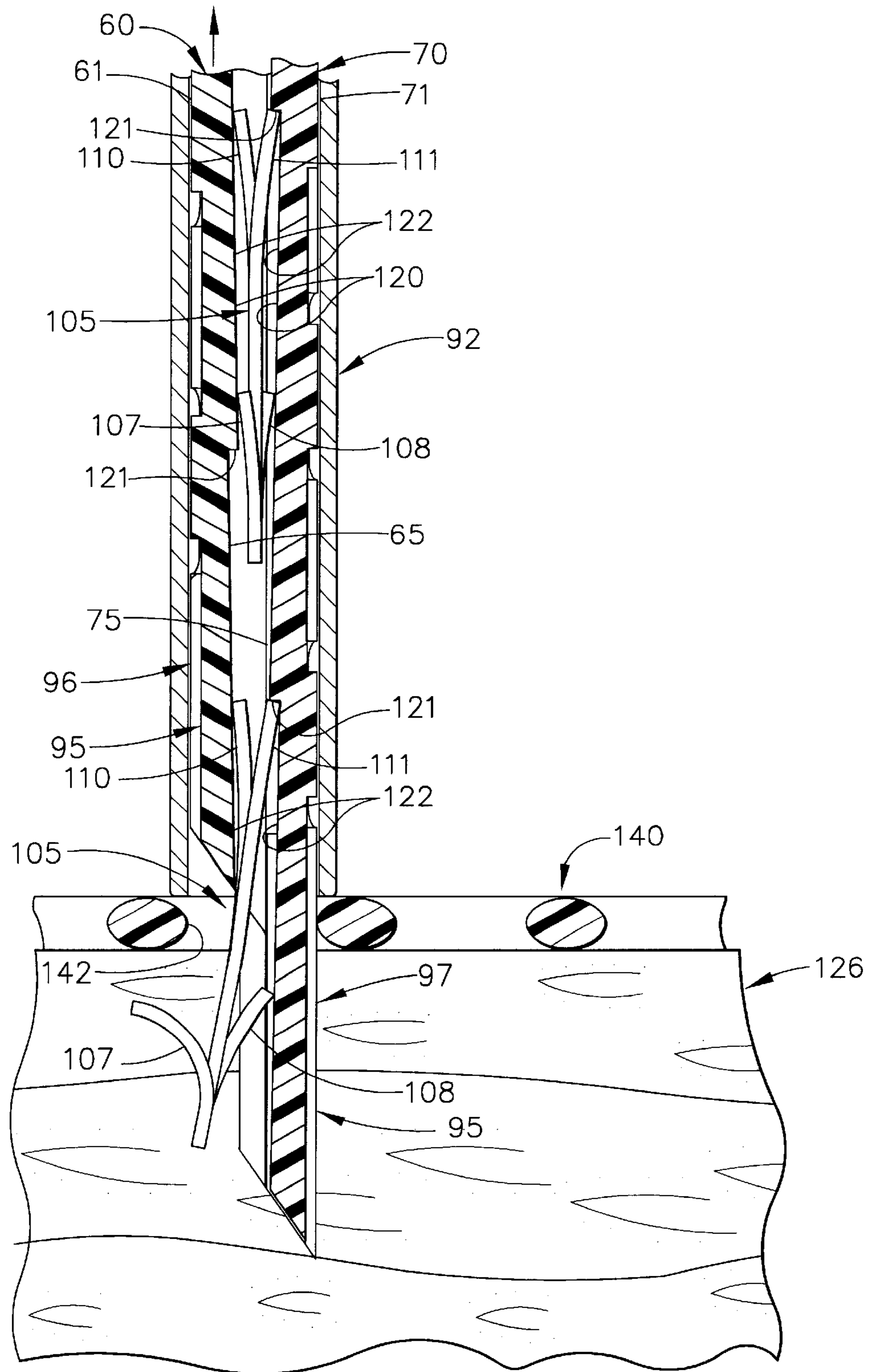


FIG. 20



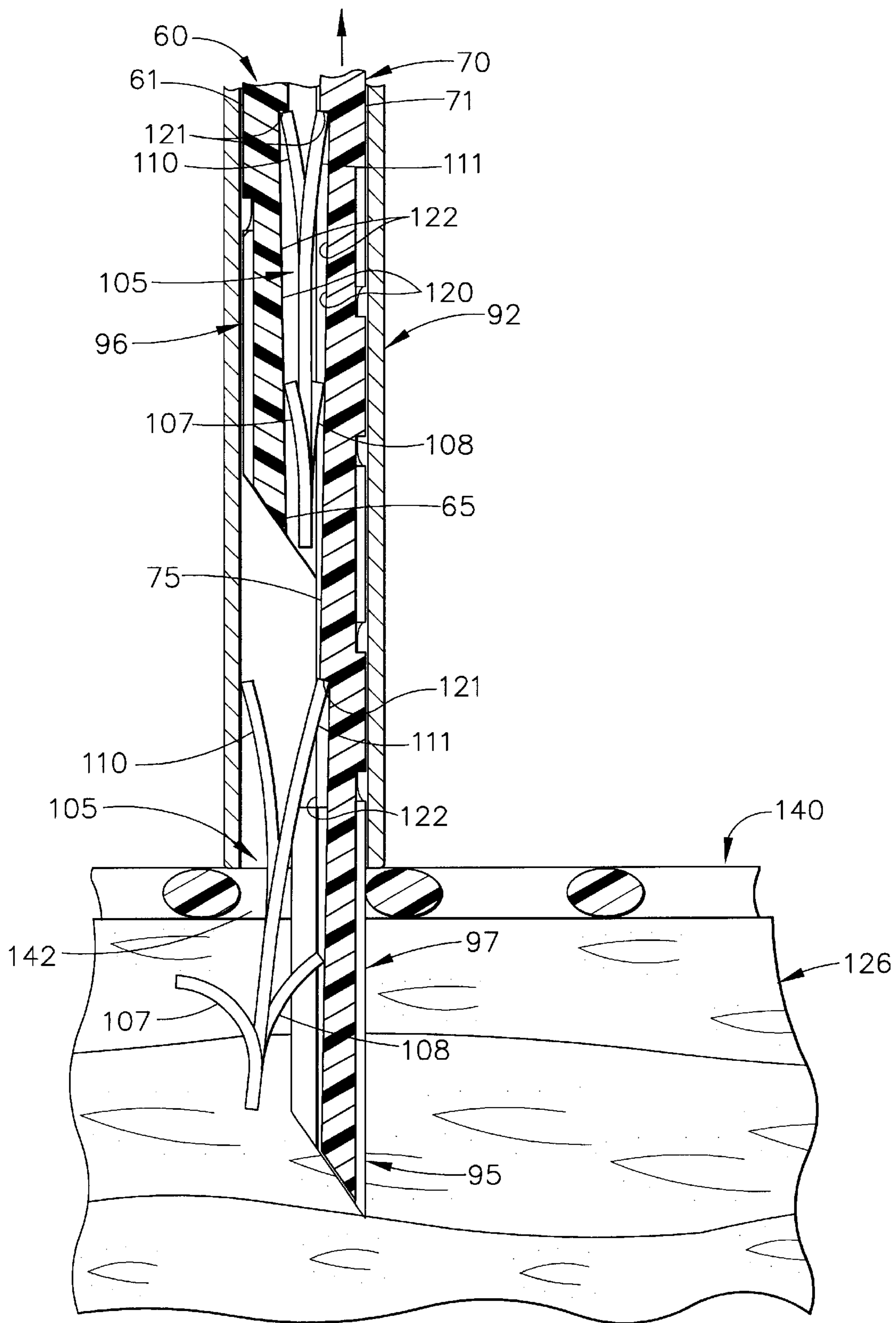


FIG. 21

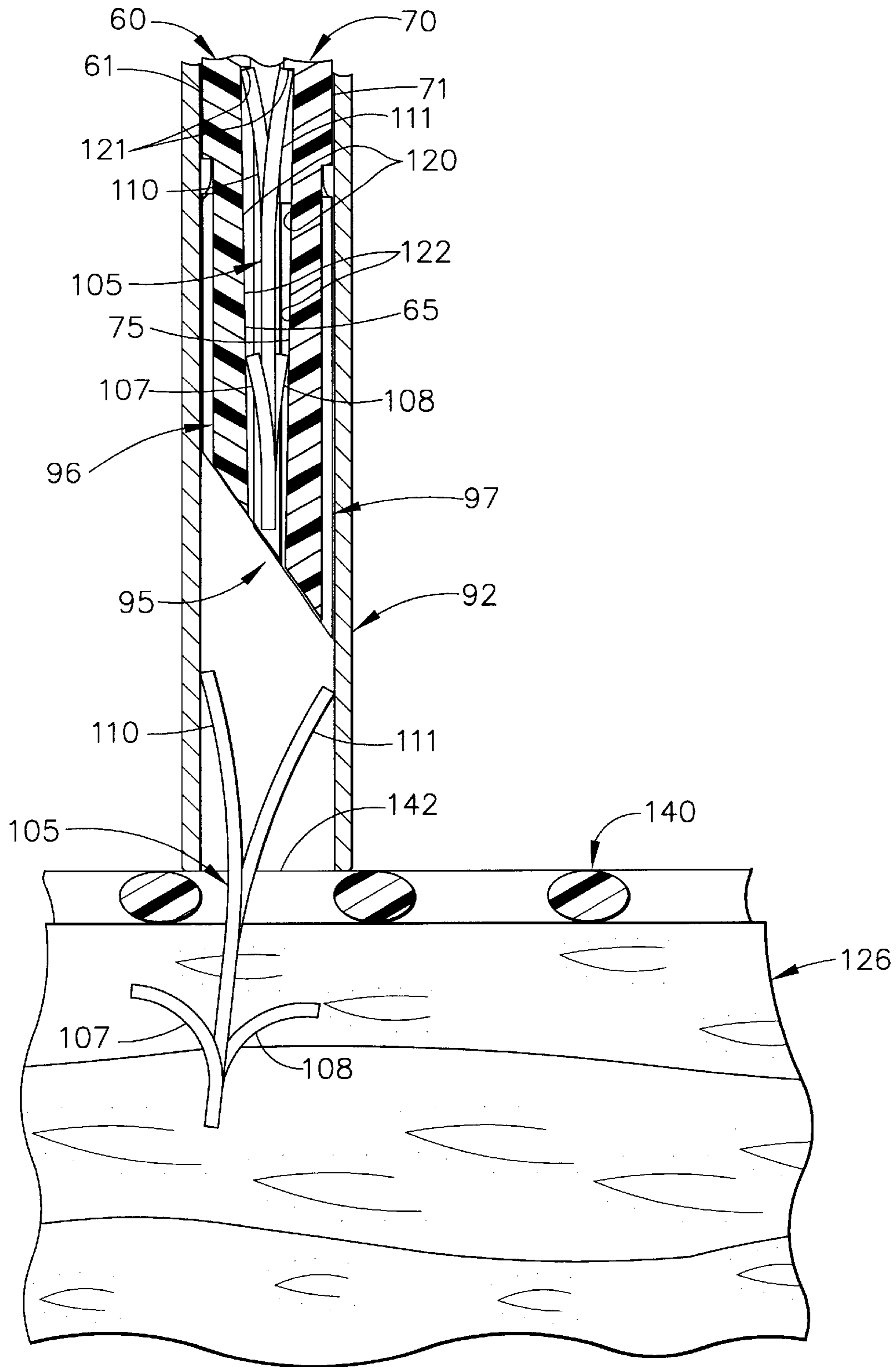


FIG. 22

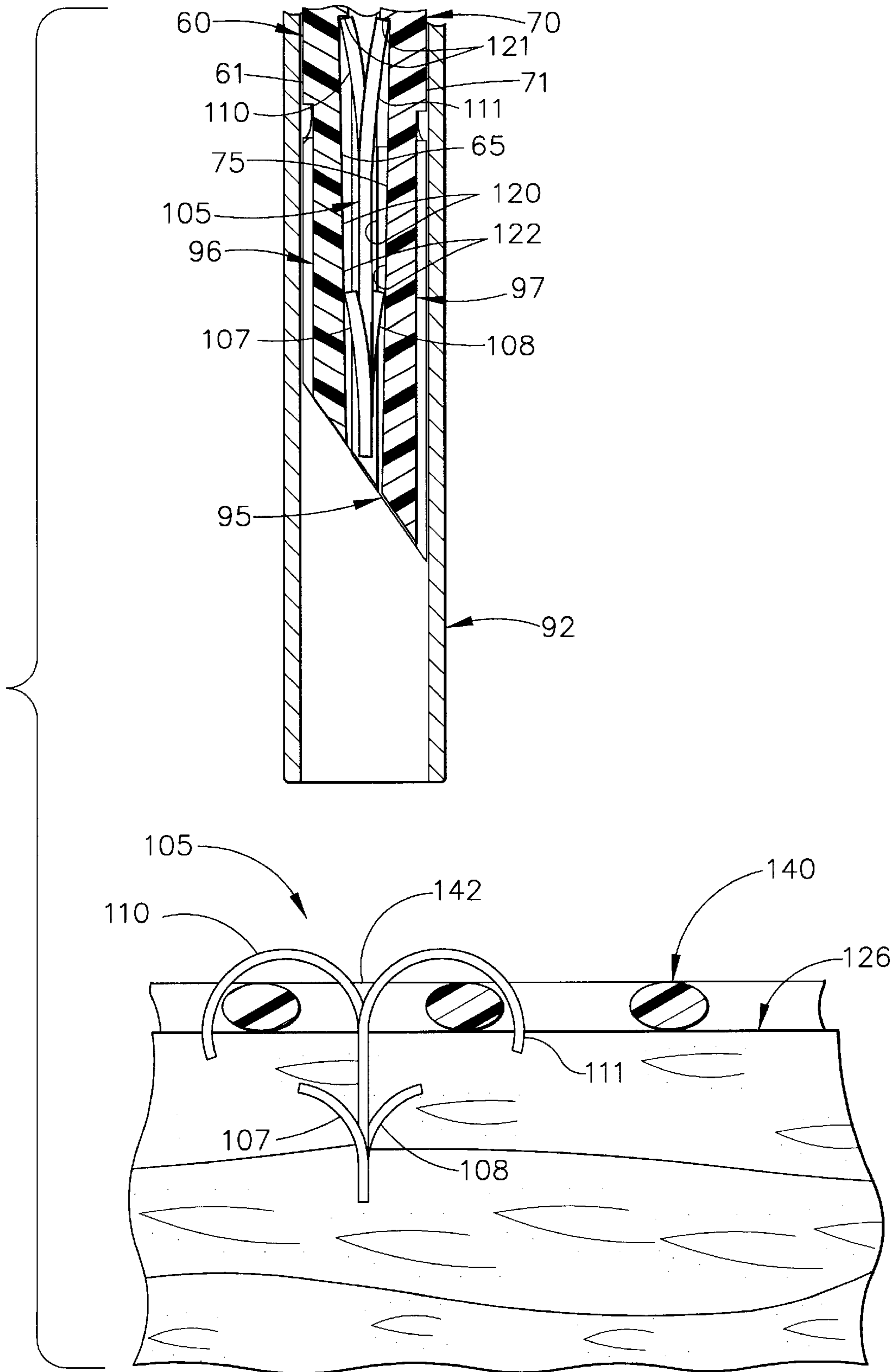


FIG. 23

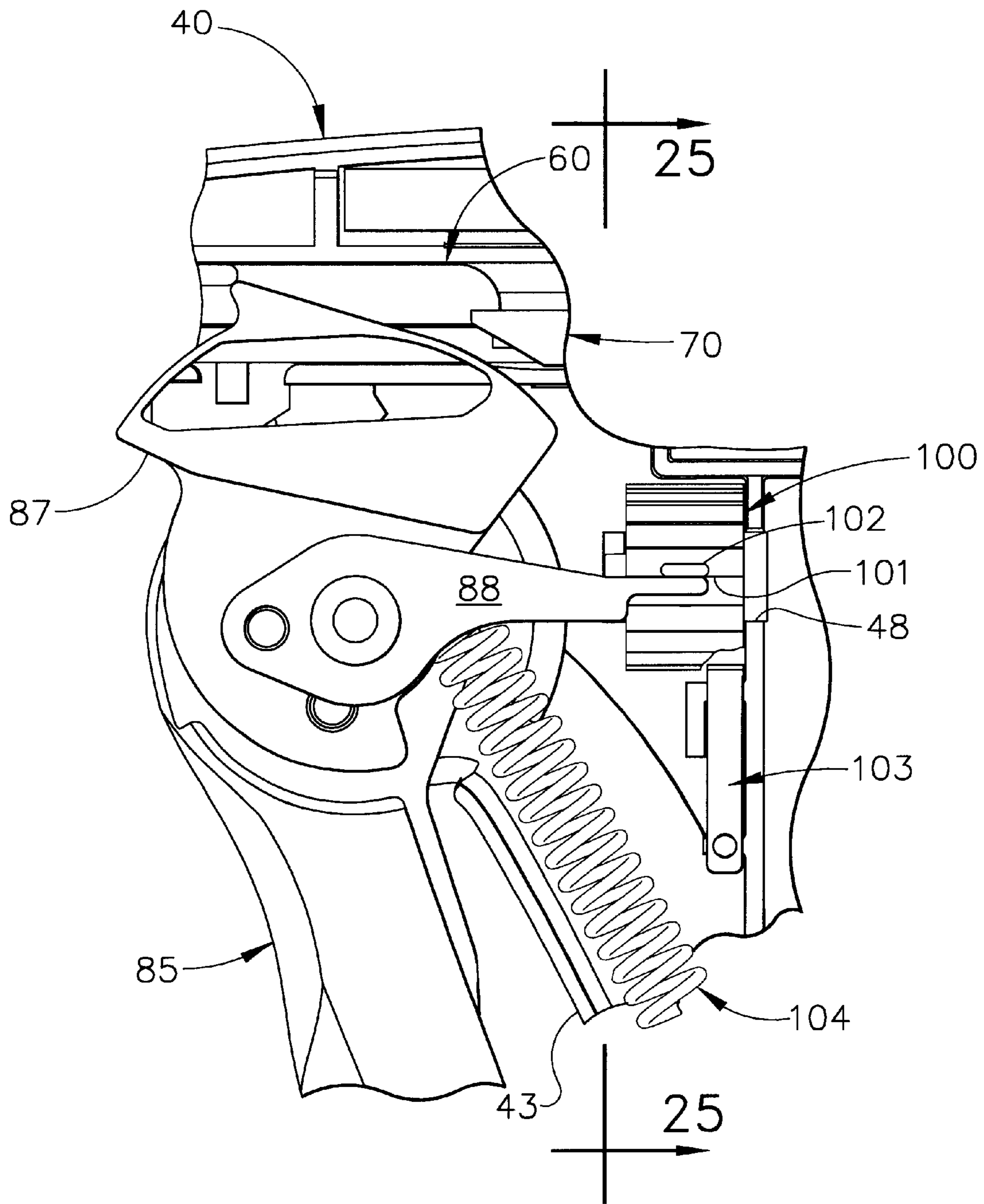


FIG. 24

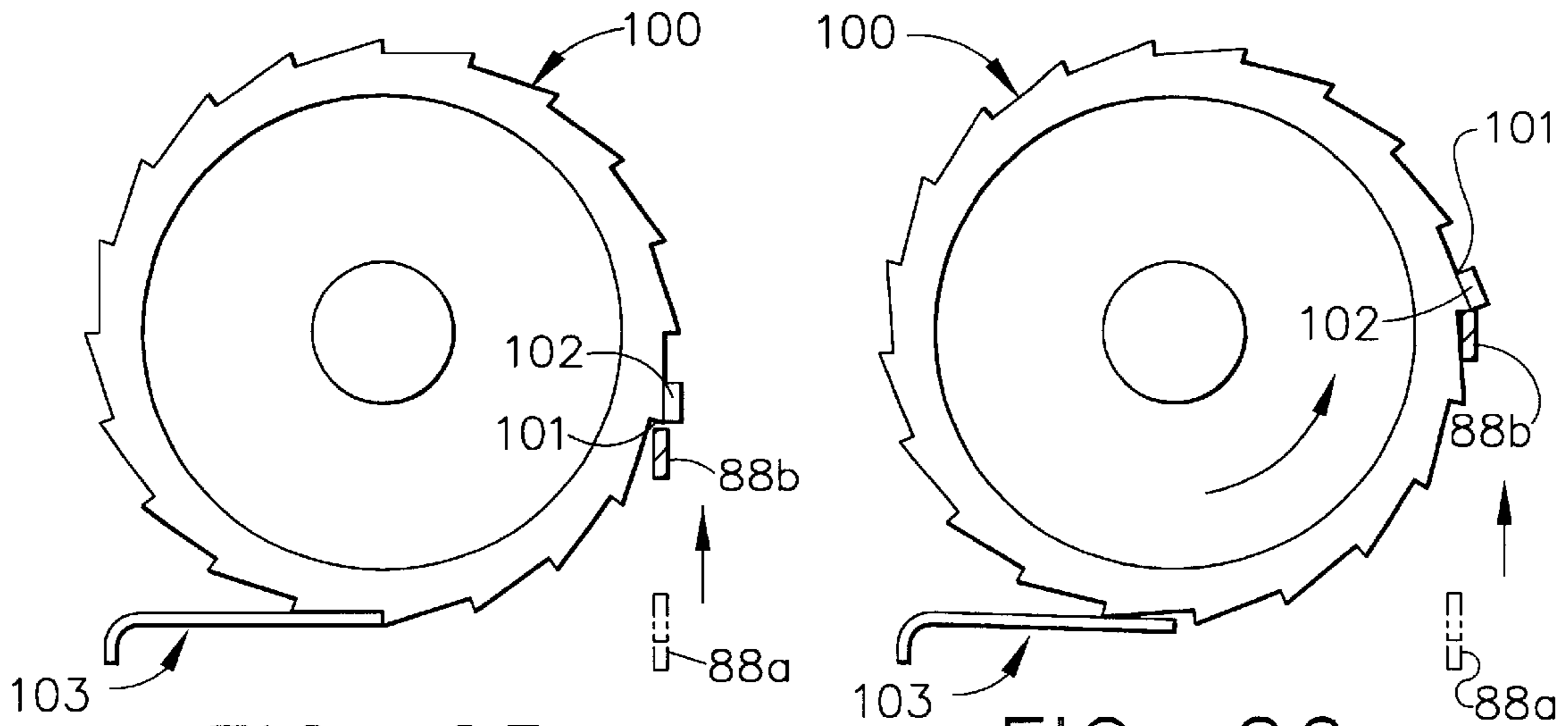


FIG. 25

FIG. 26

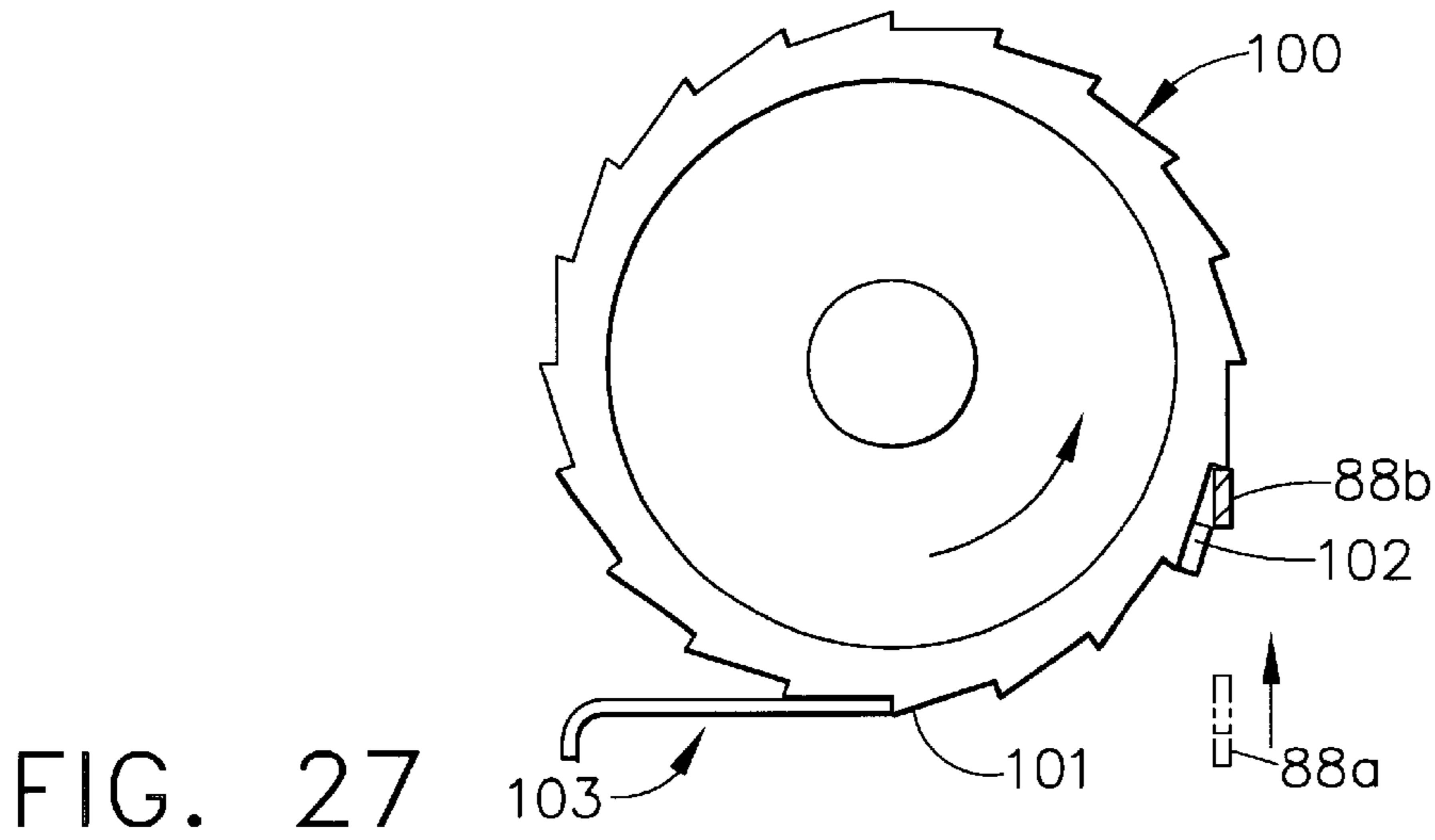


FIG. 27

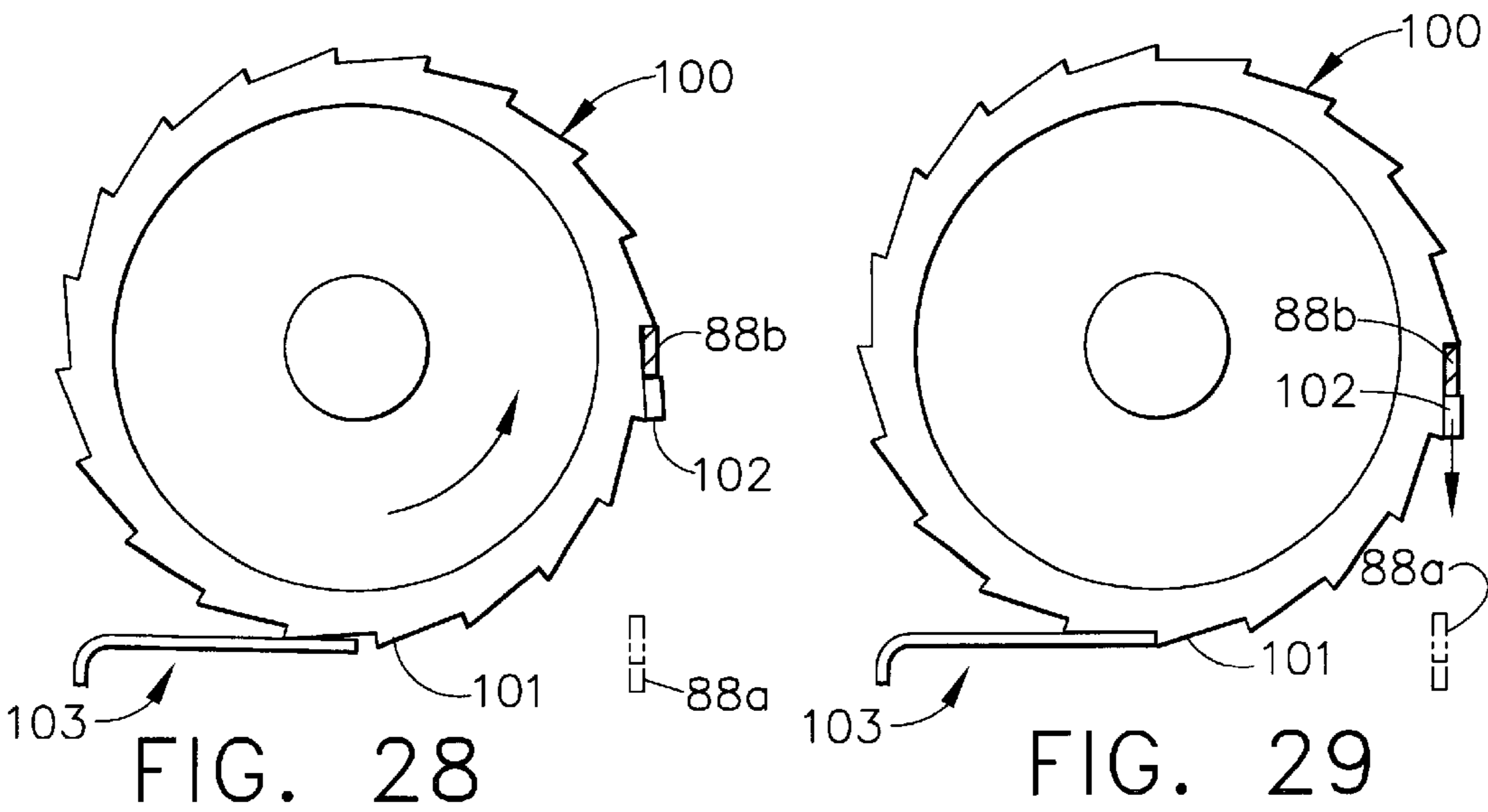


FIG. 28

FIG. 29

## SURGICAL INSTRUMENT HAVING A ROTARY LOCKOUT MECHANISM

This application is related to the following copending patent applications: application Ser. No. 09/692,633, Ser. No. 09/692,636; and application Ser. No. 09/692,636, which are hereby incorporated herein by reference.

### FIELD OF THE INVENTION

The present invention relates, in general, to surgical fastening instrument that prevents the instrument from being fired when empty, more particularly, to a surgical fastening instrument for attaching a prosthetic over a hernia, the surgical instrument having a locking mechanism that prevents movement of an actuation trigger after the last fastener is placed.

### BACKGROUND OF THE INVENTION

Surgical fastening instruments carry a number of surgical fasteners which are typically placed to ligate a vessel, hemostatically staple and cut tissue or to attach a prosthetic to tissue. All of these instruments contain a plurality of fasteners, which can be placed in a single firing, or in multiple firings. Single firing instruments, such as endocutters or various stapling instruments, contain a plurality of fasteners that are placed within tissue in a single firing.

In the case of endocutters or surgical staplers, the plurality of staples are contained within the stapling instrument in a replaceable stapling cartridge that holds up to six row of fine wire staples. The instrument is placed into the body, an anvil is used to clamp tissue against the replaceable cartridge, and the instrument is fired. Firing places all of the fasteners into tissue, and advances a knife to cut the tissue between the innermost rows. Once the cartridge is fired, it is desirable to lock the trigger of the endocutter to indicate to the surgeon that the instrument is empty. A U.S. Pat. No. 5,878,938 by Bittner et al. discloses a surgical stapler locking mechanism or lockout that uses a leaf spring to automatically lift a knife of the cartridge after firing, locking the instrument from firing. U.S. Pat. No. 5,673,842, also by Bittner et al. teaches a locking mechanism using an elongated member that automatically rotates from a first position to a second position as the instrument is fired. With the locking arm in the second position, the knife is free to translate upwardly and to lock the instrument. The above mechanisms incorporate an automatic lockout mechanism that depends on the movement of a knife. Of interest are surgical fastening instruments that do not contain knives.

Another type of locking mechanism is used with a disposable knife-less linear stapler such as that described in U.S. Pat. No. 4,527,724 by Chow et al. The instrument taught by Chow et al. is a trigger safety that prevents closure of the trigger. The trigger safety is hingedly attached to a handgrip of the surgical instrument and is foldable to a locking position to contact and prevent movement of the actuation trigger. This locking mechanism differs from the previously described automatic locking mechanisms in that it requires manual engagement and disengagement of the locking mechanism.

The above mechanism indeed locks the trigger of a single firing surgical instrument that has no knife, and requires manual engagement of the lockout. However, the above instruments are not multifire instruments. Multifire instruments contain a plurality of fasteners that are held within the surgical instrument, and the fasteners can be applied one at a time. These instruments are capable of multiple firings or applications of fasteners to tissue. These types of instruments can be fired repeatedly until the instrument runs out of fasteners or the surgery is complete.

One well known multi-firing instrument is a clip applier such as the ER320 LIGACLIP™ Multiple Clip Applier manufactured and sold by Ethicon EndoEND-Surgery, Cincinnati, Ohio. Clip appliers are used to close or ligate vessels during surgery, and are commonly used to ligate the cystic duct and cystic artery during the removal of a gall bladder. These surgical instruments can contain up to twenty clips and contain a yellow feed shoe that pushes or feeds the clips distally within the instrument. A lockout is operatively attached to the yellow feed shoe, and falls into an opening within the feed bar to lock the feed bar of the instrument when the last clip is fed. The locked feed bar prevents the feed mechanism, the trigger, and the clip forming mechanism from moving. A locking mechanism of this type is described in U.S. Pat. No. 5,171,249 by Stefanchik et al. Whereas this locking mechanism is automatic, and the instrument contains no knife, it depends on linear motion of elements of the mechanism to lock the trigger of the surgical instrument.

Of special interest are surgical fastening instruments that are used to attach prosthetics such as a hernia mesh to tissue. One type of these devices employs a lockout. The surgical instrument is a multi-firing coil fastening applier that uses helical wire fasteners. The helical wire fasteners are stored serially within the shaft, and are corkscrewed or rotated into tissue. A variation of this surgical instrument is a coil fastening applier and remover. The coil fastening applier and remover is unique in the realm of hernia mesh attachment instruments, as it is able to remove fasteners from tissue. A user activated lockout mechanism is provided that locks an internal drive rod. Next, the instrument is placed over and engaged with a coil fastener positioned within tissue. The coil fastener applier is rotated to withdraw the coil fastener from tissue. Unlocking the lockout reactivates the coil fastener applying mechanism. A locking mechanism of this type is found in PCT application No. WO 98/11814 by Holstein et al. Although there is a lockout upon this hernial fastening instrument, it is not automatically activated when the last fastener is fired. Rather, the lockout is used to disengage and engage the coil fastener applying mechanism and does not lock all of the functions of the instrument.

Yet another locking mechanism for a multi-firing fastening instrument is described in European Patent Specification EP 0 392 750 by Green et al. The locking mechanism is for a fascia stapler, and has a lockout to prevent firing of the stapler when it is empty. A ring shaped counter wheel is provided having a plurality of equal spaced tabs extending radially inwardly, and one cross bar across one pair of the tabs to create a closed hoop. The number of tabs corresponds to the number of staples within the stapler. A longitudinally translating lever having an angled forward end reciprocates within the instrument. The angled lever, when reciprocated distally, contacts the tabs and snaps upwardly to rotate the counter wheel. A trigger also moves distally with the angled lever and normally slips between two tabs of the counter wheel. When the last staple is fired, the cross bar of the hoop engages with the trigger pushing it proximally to release a bolt, which snaps through the trigger and locks the handle of the stapler. Whereas the above stapling instrument utilizes a rotary lockout mechanism, the lockout mechanism is both complicated and expensive. Additionally, it also uses a secondary mechanism to rotate the counter wheel, which adds further cost and complexity to the mechanism.

What is needed is an improved lockout mechanism for a surgical instrument that can attach a prosthetic to tissue. Such a mechanism would provide superior advantages such as lower cost, reduced complexity, and automatic operation. Presently, there are no known rotary lockout mechanisms for a surgical fastening instrument that can meet all of the needs outlined above

## SUMMARY OF THE INVENTION

In accordance with the present invention there is provided a surgical fastening instrument. The instrument includes a handle and a shaft extending from the handle. The shaft contains a plurality of surgical fasteners therein. The instrument also has a mechanism for first distally deploying a penetrating member from the distal end of the shaft and thereafter feeding at least one of the surgical fasteners distally from the penetrating member. The instrument further includes a lockout mechanism for preventing the penetrating member from deploying from the shaft upon feeding all of the plurality of surgical fasteners from the shaft.

## BRIEF DESCRIPTION OF THE DRAWINGS

The novel features of the invention are set forth with particularity in the appended claims. The invention itself, however, both as to organization and methods of operation, together with further objects and advantages thereof, may best be understood by reference to the following description, taken in conjunction with the accompanying drawings in which:

FIG. 1 is an isometric view of a surgical instrument wherein a left handle half is removed to show the elements within and a trigger is in an open position;

FIG. 2 is an isometric view of the surgical instrument of FIG. 1 wherein the trigger is moved from the open position of FIG. 1 to a closed position as shown, and an end effector is extended from the surgical instrument;

FIG. 2B is an exploded isometric view of some of the internal elements of the surgical instrument of FIG. 1, with some elements removed for clarity;

FIG. 3 is a side view, in cross section, of a first side of the surgical instrument of FIG. 1 with the left handle half removed, wherein all of the internal elements are shown assembled and the trigger is in an open position;

FIG. 4 is a side view of a second side of the surgical instrument of FIG. 3 with the left handle half in place and with the right handle half removed, showing all of the internal elements therein and the trigger in an open position;

FIG. 5 is a side view of the first side of the surgical instrument of FIG. 3 wherein the trigger is moved to a partially closed position to extend the end effector from the surgical instrument;

FIG. 6 is a side view of the second side of the surgical instrument of FIG. 5, wherein the trigger is moved to a partially closed position to extend the end effector from the surgical instrument;

FIG. 7 is a side view of the first side of the surgical instrument of FIG. 5 wherein the trigger is moved to a fully closed position to retract a first portion of the end effector into the surgical instrument, and to expose a portion of a fastener at the end effector;

FIG. 8 is the view of the second side of the surgical instrument of FIG. 7, wherein the trigger is moved to a fully closed position to retract an upper portion of the end effector into the surgical instrument, and to expose a portion of a fastener at the end effector;

FIG. 9 is an isometric view of a fastener of the preferred invention wherein the fastener of the preferred invention has a pair of distal barbs and a pair of longer proximal arms, the fastener of the preferred invention is shown in an unconstrained state;

FIG. 10 is a side-view of FIG. 9 wherein the fastener of the preferred invention is shown in an unconstrained state;

FIG. 11 is an isometric view of the fastener of FIG. 9 wherein the fastener of the preferred invention is shown in a constrained state as found within the surgical instrument of FIG. 1;

FIG. 12 is a side-view of FIG. 11 wherein the fastener of the preferred invention is shown in a constrained state;

FIG. 13 is a bottom-view of FIG. 12 wherein the fastener of the preferred invention is shown in a constrained state;

FIG. 14 is a cross-sectional side view of a distal end of a shaft of the surgical instrument of the present invention showing the end effector normally retracted therein and a plurality of surgical fasteners of the preferred invention contained therein;

FIG. 15 is a cross-sectional view 10—10 of the shaft and the end effector of FIG. 9 and showing a passageway and a fastener of the preferred invention contained therein;

FIG. 16 is a fragmentary perspective view of a surgical grasper instrument placing a mesh patch over a defect or hernia in the inguinal floor of the lower abdomen, particularly the left inguinal anatomy;

FIG. 17 is a cross-sectional side view of the inguinal floor of the lower abdomen of FIG. 16 illustrating the placement of the mesh patch above the tissue in preparation for repair of the defect, according to the present invention;

FIG. 18 is a cross-sectional side view of the inguinal floor of the lower abdomen wherein the distal end of the shaft of FIG. 14 is pushing the mesh patch downward onto the inguinal floor, and the end effector is moving downwardly within the shaft with a fastener contained therein;

FIG. 19 is a cross-sectional side view of the inguinal floor and instrument of FIG. 18 wherein the end effector of the present invention is extended from the shaft and into the inguinal floor, the end effector containing a fastener of the preferred invention therein;

FIG. 20 is a cross-sectional side view of the inguinal floor and instrument of FIG. 19 wherein a first portion of the end effector is partially retracted into the shaft to deploy a first barb of the fastener of the preferred invention contained therein and to engage the first barb with the inguinal floor;

FIG. 21 is the cross-sectional side view of FIG. 20 wherein the first portion of the end effector of the present invention is fully retracted into the shaft, the full retraction releasing the arms of the fastener of the preferred invention into the portion of the shaft previously occupied by the first portion of the end effector;

FIG. 22 is the cross-sectional side view of FIG. 21 wherein a second portion of the end effector of the present invention is fully retracted into the shaft, the full retraction engaging a second barb of the fastener of the preferred invention with the inguinal floor and both arms with the shaft;

FIG. 23 is a cross sectional side view of FIG. 22 wherein the shaft of the surgical instrument of FIG. 22 has moved upwardly to release the arms of the fastener of the preferred invention, the released arms attaching the surgical mesh to the inguinal floor;

FIG. 24 is a fragmentary side-view of a trigger lockout mechanism of the present invention of FIG. 1 with a lockout arm fixably attached to the pivotable trigger, and operably coupled with a lockout wheel;

FIG. 25 is a fragmentary cross-section view of the lockout mechanism of the present invention showing the lockout wheel in an initial position and engaged with a wheel detent, wherein the lockout arm is moving upwardly from a start position (dashed lines) to a second position (cross section) adjacent to the lockout wheel;

FIG. 26 is a fragmentary cross-section view of FIG. 25 showing the upwardly moving lockout arm engaging with a first tooth of the lockout wheel, wherein the engagement has rotated the locking wheel one tooth counterclockwise and the locking arm is preparing to return to the initial position (dashed lines);

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FIG. 27 is a fragmentary cross-section view of FIG. 26 showing the upwardly moving lockout arm engaging with a final tooth of the lockout wheel, wherein the repeated firing of the trigger has rotated the lockout wheel to the final tooth, and a locking tab is positioned just below the upwardly moving locking arm (cross section);

FIG. 28 is a fragmentary cross-section view of FIG. 27 showing the upwardly moving lockout arm further engaging with a final tooth of the lockout wheel, wherein the lockout wheel has rotated counterclockwise to position the locking tab below the lockout arm;

FIG. 29 is a fragmentary cross-section view of FIG. 28 showing the detent arm preventing further rotation of the locking wheel and the lockout arm attached to the trigger captured between a tooth and the locking arm of the locking wheel.

#### DETAILED DESCRIPTION OF THE INVENTION

The present invention pertains, in general, to surgical fastening instrument that prevents the instrument from being fired when empty. More particularly, to a surgical fastening instrument for attaching a prosthetic over a hernia, the surgical instrument having a locking mechanism that prevents movement of an actuation trigger after the last fastener is placed.

By way of example, the present invention is illustrated and described in conjunction with a repair of an inguinal hernia. However, it should be understood that the present invention is applicable to various other surgical procedures that require the repair of defects in tissue.

##### The Surgical Instrument

As best shown in FIGS. 1 and 2, the surgical instrument of the present invention is a hand held surgical instrument 35 containing a plurality of surgical fasteners or surgical elements that are generally used for the attachment of a prosthetic to tissue, or as a tissue marker. The surgical fasteners 105 of the present invention are formed from a superelastic nickel titanium alloy, are stored within the surgical instrument in a compressed or collapsed state, and expand to an unconstrained state upon release from the surgical instrument. Actuation of the instrument simultaneously releases a fastener 105 of the present invention from a distal end of the instrument and indexes the plurality of fasteners 105 within the instrument.

Surgical instrument 35 of the present invention has a handle 40, an elongated shaft 92 extending distally from the handle 40, and a trigger 85 extending downwardly from the handle 40. Handle 40 has a right half 41 and a left half 42 that are generally mirror images of each other and, in FIGS. 1 and 2, the left half 42 is omitted. Elongated shaft 92 is fixedly attached to the handle 40, and is formed from a rigid hollow material such as stainless steel tubing. A grip 43 is fixedly attached to and extends downwardly from a proximal end of handle 40 and adjacent to the trigger 85. Trigger 85 pivotably mounts within handle 40 and is moveable from an open position as shown in FIG. 1 to a closed position adjacent to the grip 43 as shown in FIG. 2. Movement of the trigger 85 to the closed position extends an end effector 95 from a distal end of the shaft 92 (FIG. 2) for the placement and release of a fastener.

FIG. 2B is an isometric exploded view of the majority of the elements found within the surgical instrument 35. The exploded view is provided to familiarize the reader with the key elements contained therein, and the method of assembly used to form the surgical instrument 35. For clarity, a number of elements such as the left handle half 42 are removed. Some of the elements of FIG. 2B are complex in shape and the reader is advised to return to this figure for identification or comprehension of features referenced

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below. The elements of the surgical instrument 35 are contained within the right and left handle halves 41, 42 which can be formed from an engineering thermoplastic such as styrene, polycarbonate, or any one of a number of suitable materials. A shaft slot 44 is located at the distal end of the upper portion of the handle halves 41, 42 for the reception and retention of the shaft 92 therein.

A latch slot 45 is located proximally to and below the shaft slot 44 within the right handle half 41. Latch slot 45 is right-angled in shape and is provided for the reception of a latch 55 therein. Latch 55 has a rigid latch post 57 at a distal end and a right-angled beam 56 extending distally therefrom. Beam 56 is formed from a resilient spring material such as stainless steel. A distal end of beam 56 is captured and held within the latch slot 45 with a significant amount of the beam 56 cantilevering therefrom. The cantilever portion of the beam 56 enables the latch post 57 to move freely up and down as the beam 56 deflects. The significance of the latch 55 will be described later.

A first and a second slider 60, 70 extend generally proximally and distally throughout the shaft 92 and handle 40 of the surgical instrument 35 and are slidably retained within a pair of guide slots 46 located within each of the handle halves 41,42. In FIG. 2B, the first and second sliders 60, 70 are shown spaced apart prior to assembly to show a plurality of fasteners 105 that are stored therebetween. Fasteners 105 extend along the entire length of the first and second sliders 60, 70. First and second sliders 60, 70 have distal first and second feed members 61, 71 that slidably mount within the shaft 92, and a larger proximal first and second sequencing member 62, 72 that slidably mount within the handle halves 41, 42. First and second feed members 61, 71 are semi-circular in cross section and have a first and second outer surface 64, 74. A pair of first and second stab posts 64a, 74a extends outwardly from a distal end of each first and second outer surface 64, 74 respectively. A first and second contact surface 63, 73 completes the semi-circular cross section of the first and second feed members 61, 71 respectively. First and second contact surfaces 63, 73 opposably face each other along the entire length of the first and second sliders 60, 70 and have a first and second fastener channel 65, 75 extending therein. When assembled, first and second sliders 60, 70 make sliding contact along the entire length of first and second contact surfaces 63, 73 and first and second fastener channels 65, 75 form a hollow rectangular channel for the holding and feeding of fasteners 105 serially therethrough (FIG. 15).

The fastener channels 65, 75 of the first and second sliders 60, 70 are "U" shaped and have a pair of opposed surfaces or channel floors therein. The surfaces have a plurality of fastener drive features located therein. As best shown in the enlarged FIG. 14, these fastener drive features or sawteeth 120, extend proximally to distally along the entire length of the floors of the first and second fastener channels 65, 75 and are equally spaced a longitudinal distance "D" apart. The distance "D" is between 2 inches and 0.005 inches. Each sawtooth 120 has a proximal incline 122 and a distal step 121 as shown. The role of the sawteeth 120 in the feeding of the fasteners 105 will be discussed in detail later.

At the distal end of the first and second fastener channels 65, 75 are a first and a second fastener guide 66, 76 respectively which are a tapered lead-in at the proximal end of fastener channels 65, 75 to assist in the loading of the fasteners 105 therein. These fastener guides 66, 76 are generally mirror images of each other. In FIG. 2B, the first fastener guide 66 is hidden.

The larger proximal portions of the first and second sliders 60,70 are the first and second sequencing members 62, 72, which control the timing and sequencing of a fastener feeding mechanism that releases a fastener from the distal end of the instrument, and indexes or feeds the plurality of



fasteners distally within the instrument. The first sequencing member 62 has a pair of guide ribs 68 extending laterally outwardly from either side and a first spring stop 67 extending upwardly at a proximal end. Guide ribs 68 mount within the guide slots 46 of the right and left handle halves 41, 42 and slidably secure the assembled sliders 60, 70 within the handle 40. A pair of "C" shaped guide channels 69 are located underneath and extend longitudinally along the proximal half of the first sequencing member 62. The second sequencing member 72 has second spring stop 77 located at a proximal end of second sequencing member 72 and a forked stop 78 extending upwardly at a distal end. A cam plate 79 extends outwardly from the far side of the second sequencing member 72 towards the right handle half 41. A pair of slider ribs 83 extends laterally outward along the proximal half of the second sequencing member 72. First and second sliders 60, 70 can be formed as a single piece from an engineering thermoplastic such as a liquid crystal polymer, a polycarbonate, nylon, a styrene or the like.

The first and second sliders are slidably interlocked together by inserting the pair of slider ribs 83 located on the second sequencing member 72 into the pair of guide channels 69 of the first sequencing member 62. First and second stab plates 96, 97 are then attached to the first and second sliders 60, 70 by placing first and second stab plates 96, 97 over first and second stab posts 64a, 74a and then placing the assembled stab plates 96, 97 and first and second sliders 60, 70 into the hollow shaft 92 to form a shaft sub-assembly. This method of stab plate retention is best shown in FIG. 14. The assembly of the stab plates 96, 97 and the first and second sliders 60,70 form a piercing member for piercing tissue during the placement of a fastener 105. Stab plates 96, 97 can be made from a rigid material such as stainless steel.

Next, the shaft sub-assembly is placed into an fastener feeding station (not shown) and the fastener 105 are fed one at a time into the first and second fastener guides 66,76 and into the hollow channel formed from fastener channels 65,75. The fastener 105 is inserted until the fastener 105 engages with the feeding mechanism, which will be described later. Once the fastener 105 is in place, the first and second sliders 60,70 are reciprocated proximally and distally relative to one another to feed or index the fastener 105 further into the shaft sub-assembly. This process is repeated for each new fastener 105 until the first and second sliders 60, 70 are fully loaded with a plurality of fasteners 105 in a serial fashion. The plurality of fasteners 105 are equally spaced along the entire length of the first and second sliders 50, 60. The shaft sub-assembly containing the fastener 105 is then placed into the right handle half 41. Shaft 92 is received in shaft slot 44 and the guide ribs 68 of the first slider 60 are slidably placed into the guide slot 46. Next, a lockout wheel 100 is placed into a wheel receptacle 48 located within the right handle half 41 at a position proximal to the pivot bore 47. Lockout wheel 100 is a disk having a plurality of ratchet teeth 101 extending outwardly from a rim of the wheel 100. A trigger assembly is constructed by placing a trigger plate 87 and a lockout arm 88 over a pivot 86 that extends laterally on either side of trigger 85 and fixably attaching them to trigger 85 with a pair of pins 89. A drive arm 90 extends upwardly from the trigger plate 87 and a spring post 91 extends from the far side of the trigger plate 87 towards the right handle half 41. An end of a trigger spring 104 (FIG. 3) is then placed over spring post 91. The trigger assembly is then placed into the right handle half 41 by placing the far side pivot 86 (not shown) into a pivot bore 47. Trigger 85, trigger plate 87, and lockout arm 88 are shown as separate pieces but can alternately be constructed as a single piece from an engineering thermoplastic such as polycarbonate, styrene or the like.

FIG. 3 shows the fully assembled elements of the handle 40. Prior to the view shown in FIG. 3, the free end of the

trigger spring 104 has been stretched and attached to a spring pin 49 of the grip 43. The attachment of the free end of the trigger spring 104 tensions trigger spring 104, and biases the trigger 85 to the open position shown. Next, a first return spring 115 was compressed and placed into a first spring pocket formed between the first spring stop 67 of the first slider 60 and a first spring rib 50 of the handle halves 41,42. A second return spring 116 was also compressed and placed into a second spring pocket formed between the second spring stop 77 of the second slider 70 and a second spring rib 51. Finally, the left handle half 42 was attached to the right handle half 41 to complete the assembly of the surgical instrument 35. The left handle half 42 has been removed for clarity.

#### The Sequencing Mechanism

The instrument of FIGS. 3-8 shows the operation of the sequencing mechanism that controls the timing and movement of elements within the surgical instrument 35. The sequencing mechanism is actuated by the trigger 85 and moves the first and second sliders 60, 70 distally from a first proximal position to a second distal position, returns the first slider 60 to the proximal position, then returns the second slider 70 to the proximal position. This sequence of motion places a fastener into tissue and advances the plurality of fasteners 105 distally. The sequencing mechanism consists of the latch 55; the trigger assembly described above, the first and second return springs 115, 116, and the first and second sequencing members 62, 72 of the first and second slider 60, 70.

FIG. 3 shows a first or left side view of the surgical instrument of FIG. 1 with the right handle half 41 in place, the left handle half 42 removed for clarity, and the trigger 85 in the initial open position. The first and second sliders and second return springs 115, 116 are biasing the first and second sliders 60, 70 distally within the handles 41,42. The trigger 85 of the trigger assembly is in the full open position with the drive arm 90 poised to operatively engage a proximal end of the guide rib 68 of the first sequencing member 62. First and second sliders 60,70 are in the first proximal position.

FIG. 4 shows the second or right side view of the surgical instrument of FIG. 3 with the left handle half 42 in place and with the right handle half 41 removed. The latch 55 is visible in this view, and the latch post 57 of latch 55 is operatively engaged with a first ramp 69a located on the distal end of the first sequencing member 62. A portion of the first and second spring ribs 50,51 and the latch slot 45 of the right handle half 41 are shown in cross-section for clarity.

FIGS. 5 and 6 show the left and right side views of the assembled surgical instrument 35 respectively, and show the first and second sliders 60, 70 translated or moved distally from the first position of FIGS. 3-4 to the second position by the trigger 85. The distal movement of first and second sliders 60, 70 has extended the end effector 95 from the distal end of the shaft 92. The trigger 85 is in a first partially closed position and is poised to release the first slider 60 from the drive arm 90 of the trigger assembly.

In FIG. 5, as trigger 85 rotates counter-clockwise towards the grip 43, the drive arm 90 rotates into operative engagement with the guide rib 68 and moves the first slider 60 distally. As first slider 60 moves distally, the forked stops 78 of the second slider 70 are contacted, pushing the second slider 70 distally. The distally moving first and second sliders 60, 70 compress the first and second return springs 115, 116 as shown. The lockout arm 88 of the trigger assembly is moving upwardly, and is rotating the lockout wheel 100.

In FIG. 6, as the first and second sliders 60, 70 move distally, they deflect the latch post 57 of the latch 55 downwardly to slide along the first ramp 69a of the first slider 60 and a second ramp 80 of the second slider 70. Latch

post 57 of the latch 55 passes the second ramp 80 and deflects upwardly to lock against a third ramp 81 of the second slider 70 and against a bottom surface 62a of the first sequencing member 62. With the latch 55 in this position, the second slider 70 is locked in the distal position and cannot move proximally.

FIGS. 7 and 8 show the left and right side views of the assembled surgical instrument 35 respectively, after the first slider 60 has reciprocated or returned back to the first proximal position of FIGS. 3 and 4 to partially release a fastener 105 from the end effector 95.

As shown in FIG. 7, after the guide rib 68 is released from the drive arm 90, the first slider 60 reciprocates distally to the first proximal position from the second distal position shown in FIGS. 5 and 6. Slider 60 was returned to the proximal position by first return spring 115. The proximal movement of the first slider 60 retracted the first stab plate 96 proximally into the shaft 92 and released a distal end of the fastener 105 as shown. The lockout arm 88 moved upwardly from and disengaged with the lockout wheel 100.

In FIG. 8, as first sequencing member 62 moves proximally, the bottom surface 62a of the first sequencing member 62 moves distally away from the latch post 57 enabling the latch 55 to deflect upwardly to the un-deflected position shown in FIG. 3. This movement unlocks the second sequencing member 72. With the second sequencing member 72 unlocked, the compressed second return spring 116 will reciprocate the second slider 70 back to the original proximal position of FIG. 3. As the second slider 70 reciprocates back to the first proximal position, latch post 57 is deflected upwardly by the third ramp 81 of the cam plate 79 to travel over a top surface 82 of the distally moving cam plate 79 and returns to the position of FIG. 3. At this point, if an instrument lockout is not actuated, the trigger 85 is released to bring the elements of the instrument back to the positions shown in FIG. 3.

#### The Fastener

FIGS. 9–13 are expanded views showing the novel surgical anchor or fastener 105 of the present invention. A plurality of fasteners 105 of the present invention are contained serially within the surgical instrument 35 (FIG. 2B) and are used to fasten or suture a prosthetic such as a surgical mesh pad onto tissue. The fastener 105 of the present invention is elastic and is shown in its original unconstrained state in FIGS. 9 and 10. When fastener 105 is distorted or constrained, it will return to its original shape when released. Fastener 105 can be formed from a sheet or foil of a pseudoelastic or superelastic shape memory alloy to take advantage of pseudoelastic or superelastic properties thereof, or an elastic or spring grade of steel, stainless steel, copper, or other titanium alloys.

Most preferably, fastener 105 is made from an alloy comprising from about 50.5% (as used herein these percentages refer to atomic percentages) Ni to about 60% Ni, and most preferably about 55% Ni, with the remainder of the alloy Ti. Preferably, the fastener is such that it is superelastic at body temperature, and preferably has an Af in the range from about 24° C. to about 37° C. The superelastic design of the fastener 105 makes it crush recoverable which makes it possible to store a large fastener 105 within a small diameter shaft 92.

As mentioned above, it is preferred that the fastener 105 of the present invention be made from a superelastic alloy and most preferably made of an alloy material having greater than 50.5 atomic % Nickel and the balance titanium. Greater than 50.5 atomic % Nickel allows for an alloy in which the temperature at which the martensite phase transforms completely to the austenite phase (the Af temperature is below human body temperature and preferably is about 24° C. to about 37° C. so that austenite is the only stable phase at body temperature.

The unconstrained fastener 105 of FIGS. 9 and 10 has a distal tip 106 with a first and a second barb 107, 108 and a body 109 extending proximally therefrom. The distal tip 106 of the fastener 105 of the present invention is rounded, as the fastener 105 does not need to penetrate tissue. Alternately, the distal tip 106 of the fastener 105 can be made sharp or pointed if desired. First and second barbs 107, 108 extend proximally from the distal tip 106 and away from the body 109. The first and second barbs 107, 108 can be curved. The distal end of the body 109 bifurcates into a first and a second leg 110, 111 that extend distally from the body 109 and away from each other. First and second legs 110, 111 of the present invention can be curved, and can form the everted configuration of FIGS. 9 and 10.

FIGS. 11–13 shows an isometric view, a side view, and a bottom view of the fastener 105 of the present invention wherein the fastener 105 is shown in a constrained state that the fastener 105 assumes when stored within the surgical instrument 35 (FIG. 1). The fastener 105 will revert to the unconstrained shape of FIGS. 9 and 10 when released from the surgical instrument 35.

#### The Feeding Mechanism

FIGS. 14 and 15 are enlarged partial cross-sectional views of the distal end of the shaft 92 of FIG. 3 showing the first and second sliders 60, 70 at the first or un-actuated position wherein they are recessed into the shaft 92, and the fasteners 105 contained therebetween. At the first distal position, the trigger 85 of the surgical instrument 35 is fully open (FIG. 3) and the sawteeth 120 of the first slider 60 are lined up with and directly opposed from the sawteeth 120 within the second slider 70. FIG. 15 shows how the first and second fastener channels 65, 75 form a passageway for the reception of the fasteners 105 therein.

The feeding mechanism is novel as it uses the fasteners 105 themselves as a part of the feeding mechanism. As shown in FIG. 14, the feeding mechanism 59 has three distinct elements: the first slider 60, the second slider 70, and the plurality of fasteners 105 stored in a serial fashion therebetween. Fasteners 105 are held between the sawteeth 120 with the barbs 107, 108 deflecting outwardly to center the fasteners 105 between the sawteeth 120. First and second legs 110, 111 of the fasteners 105 are biased outwardly, contacting the surfaces of the sawteeth 120. The distal ends of the first and second legs 110, 111 are positioned within the pockets at the junction of the step 121 and the incline 122, and are operatively engaged with the steps 121 and slidingly engaged with the inclines 122. It is the positive contact or engagement of the fasteners 105 with the steps 121 and sliding contact or engagement with the inclines 122 that propels or feeds the plurality of fasteners 105 between the reciprocating first and second sliders 60, 70 and places the fastener 105 into tissue.

To someone skilled in the art, it can be seen that given the elements of the feeding mechanism 59 described above, distal movement of both of the first and second sliders 60, 70 results in operative engagement of the fasteners 105 with the steps 121 of both sliders 60, 70. This operative engagement with the distally moving sliders 60, 70 will result in distal movement of the fasteners 105. If one of the sliders such as first slider 60 is moved distally while the other remains stationary, the fasteners 105 operably couple with and move with the moving slider 60, while slidingly engaging with the stationary slider 70. And, if one of the sliders such as first slider 60 moves proximally while the other remains stationary, the fasteners 105 operatively engage with the stationary slider 70 and remain stationary and slidably engaged with the moving slider 60.

With the above combinations of motions and reactions, there are three different sequences of motion possible with the sliders 60, 70 that will feed the fasteners 105 distally through the surgical instrument 35 (FIG. 3). One of these

sequences of motion was selected for use with the surgical instrument **35** of the present invention, as it is best suited to place a fastener **105** into tissue. This feeding sequence using the feeding mechanism **59** of the present invention is shown in a step by step manner beginning with the start position shown in FIG. **14**, and finishing in FIGS. **18–22**. The other two feeding sequences will be described later.

The sequencing mechanism of the present invention first moves the first and second sliders **60, 70** distally (FIGS. **18,19**) from a first proximal position (FIG. **14**) to a second distal position (FIG. **19**). This movement positively engages the fasteners **105** with the first and second sliders **60, 70** and moves the fasteners **105** distally from the first position to the second position. Moving both the first and second sliders **60, 70** (FIG. **14**) from a first proximal position to a second distal position moves the entire plurality of fasteners **105** distally within the surgical instrument **35**. That is, each fastener **105** (with the exception of the distalmost fastener **105**) now occupies the position of the preceding fastener **105**.

Next, as shown in FIGS. **20, 21**, the first slider **60** is moved or reciprocated proximally from the second distal position back to the first proximal position to opposably align the sawteeth **120** of the first and second sliders **60, 70**. As shown, the fasteners **105** are operatively engaged with the stationary second slider **70** and remain stationary (longitudinally) within the shaft **92**.

Finally, as shown in FIG. **22** the second slider **70** is moved or reciprocated proximally from the second distal position back to the first proximal position, and to realign the sawteeth **120** within the first and second sliders **60, 70**. The fasteners **105** in operative contact with the stationary first slider **60** remain stationary and in sliding contact with the distally moving second slider **70**. As shown in FIG. **22**, the first and second sliders **60, 70** have placed the distalmost fastener **105** within tissue and have moved distally back to the first position. A new fastener **105** is shown within first and second sliders **60, 70**, ready for placement within tissue.

As described above, there are two additional embodiments of the present invention wherein different sequences of motion are possible with the first and second sliders **60, 70**. These alternate sequences of motion will also feed the fasteners **105** distally through the surgical instrument **35** (FIG. **3**).

In the next or second embodiment, the sequence of motion is to fix one of the first or sliders such as first slider **60** and to reciprocate the remaining slider **70** distally from the first position to the second position and back to the first position. In the third embodiment, the sequence of motion is altered wherein the first and second sliders **60, 70** are reciprocated in opposite directions at the same time.

#### The Anatomy

Referring now to FIG. **16**, one typical application of the surgical instrument of the present invention is a repair of a defect, such as an inguinal hernia **125**, located in inguinal tissue such as the inguinal floor **126**. The anatomical structures of the left inguinal anatomy of a human patient are illustrated in order to point out the usefulness of the present invention.

Generally, the inguinal hernia **125** is accessible through iliacus muscle **127**. As can be well appreciated, a network of vessels and nerves exist in the area of a typical inguinal hernia **125**, which requires a surgeon to conduct a hernia repair with great skill and caution. For instance, in the transverse abdominis aponeurosis **128**, an internal ring **129** permits gastric vessels **130** and Vas deferens **131** to extend therethrough over an edge of inguinal ligament **132**. Femoral canal **133** is located near Cooper's ligament **134** and contains external iliac vessels **135** and inferior epigastric vessels **136**.

In many cases, the edge of the inguinal ligament **132** and Cooper's ligament **134** serve as anatomical landmarks and

support structures for supporting surgical fasteners such as those mentioned previously. The area containing the external iliac vessels **135** and the Vas deferens **131** is commonly known as "the Triangle of Doom" to surgeons. Accordingly, the surgeon should avoid injuring any of these vessels described above and care must be taken when performing dissection, suturing or fastening within this area.

In FIGS. **16** and **17**, a prosthetic or a mesh patch **140** is placed over the inguinal hernia **125** with a surgical grasping instrument **145** as the first step in the repair of the inguinal hernia **125**. The mesh patch **140** may consist of any desired configuration, structure or material. However, the mesh patch **140** is preferably made of PROLENE™ (a known polymer made up of fibers) and preferably configured as mesh. It is within the training and comfort zone for surgeons to use the PROLENE™ mesh patch **140** since the mesh patch **140** is easily sized, such as providing a side slot **141**, for accommodating the gastric vessels **130** and the Vas deferens **131**.

As illustrated, the mesh patch **140** is placeable over the inguinal hernia **125** for providing a sufficient barrier to internal viscera (not shown) of the abdomen which would otherwise have a tendency to protrude through the inguinal hernia **125** and cause the patient a great deal of pain and discomfort. FIG. **11** shows a side view of the mesh patch **140** being placed onto the inguinal floor **126**. The mesh patch **140** is now attachable to the inguinal floor **126**.

#### The Method

FIGS. **18–23** are also used to illustrate the method of use of the surgical instrument **35**. These cross-sectional side views of the distal end of the shaft **92** show the steps involved in using the surgical instrument **35** as it places a novel fastener **105** of the present invention into the inguinal floor **126** to attach the mesh patch **140** thereto.

FIG. **18** is a cross-sectional side view of the inguinal floor **126** of the lower abdomen wherein the surgeon has placed the distal end of the shaft **92** into the area near the patient's inguinal hernia **125**. The surgeon has selected an attachment point or surgical site and is using the distal end of the surgical instrument **35** to push the mesh patch **140** downward onto the inguinal floor **126**. The distal end of the shaft **92** is deliberately positioned over an opening **142** within the mesh patch **140** for the placement of a fastener **105** therethrough. The position of the end effector **95** within the cross-sectioned shaft **92** indicates that the trigger **85** has been partially activated by the surgeon. The partial movement or activation of the trigger **85** is translating or moving the first and second sliders **60,70** distally (downwardly in FIG. **14**) from the initial position shown in FIG. **14**.

As illustrated in FIG. **19**, the surgeon has continued to actuate or move the trigger **85**, has moved the trigger **85** to the first position (FIGS. **2, 5, and 6**), and has fully extended or translated the first and second sliders **60,70** of the end effector **95** from the shaft **92**. The extended end effector **95** has penetrated through the opening **142** within the mesh patch **140** and into the inguinal floor **126**. Although shielded from tissue contact by the end effector **95**, the first and second barbs **107,108** of the distalmost fastener **105** are placed within tissue of the inguinal floor **126**.

Continued actuation of the trigger **85** by the surgeon moves the trigger **85** from the first partially closed position shown in FIGS. **5** and **6** to the second fully closed position shown in FIGS. **7** and **8**. In this position, the indexing mechanism of the surgical instrument **35** of the preferred invention is actuated and an automatic sequence of actions occurs beginning with the reciprocation or movement of the first slider **60** proximally as indicated by the arrow in FIG. **20**.

In FIG. **20**, the first slider **60** has partially moved or retracted into the shaft **92**. This action has released the first and second barbs **107, 108** of the distalmost fastener **105**

from the constrained condition shown in FIG. 19 and fixably engaged the first barb 107 with the tissue of the inguinal floor 126. The barbs 107, 108 of the distal fastener 105, when released, snap open to the positions shown in FIG. 20, bending the distalmost fastener 105.

Once actuated, the first slider 60 continues to move distally into the surgical instrument 35 until it returns to the initial start position within the shaft 92 as shown in FIG. 21. When the first slider 60 is at this position, the second slider 70 is automatically released to move or reciprocate distally into the shaft 92 as indicated by the arrow.

As shown in FIG. 21, the first slider 60 is at the initial start position of FIG. 10, fully releasing the distal fastener 105. The second barb 108 and second leg 111 bias the distal fastener 105 into the portion of the shaft 92 previously occupied by the first feed member 61 of the first slider 60. This bias further engages the first barb 107 of the distal fastener 105 with the inguinal floor 126.

In FIG. 22, the second slider 70 has automatically retracted distally into the shaft 92 to the first start position and has fully released the second barb 108 of the distal fastener 105 to engage with the tissue of the inguinal floor 126. The second leg 111 of the distal fastener 105 has also been released from the second slider 70 and both the first and the second legs 110, 111 have expanded outwardly within the shaft 92.

Finally, the surgeon releases the trigger 85 which returns to the initial open position of FIG. 1 and withdraws the distal end of the shaft 92 away from the mesh patch 140, and from the distal fastener 105 that is engaged or attached to the inguinal floor 126. As shown in FIG. 23, the first and second barbs 107, 108 of the fastener 105 of the present invention are firmly planted within the inguinal floor 126 and the first and second legs 110, 111, when released from the shaft 92, snap back to their original everted shape (FIGS. 9 and 10). The mesh patch 140 is fixedly held against the inguinal floor 126 by the first and second legs 110, 111 of the fastener 105. The surgical instrument is now ready to attach the mesh patch 140 at another site. To accomplish this, the surgeon merely repositions the distal end of the shaft 92 at another surgical site and actuates the trigger 85 to place or attach another fastener 105 into the inguinal floor 126. This process is continued until the mesh patch 140 is satisfactorily attached to the inguinal floor 126.

#### The Lockout Mechanism

The surgical instrument 35 of the present invention (FIG. 1) contains a plurality of fasteners 105. As the surgeon repeatedly fires the instrument during the attachment of the prosthetic, the number of fasteners 105 stored therein steadily decreases. When the final fastener 105 is placed into tissue, the surgeon has no way of knowing when the instrument is emptied of fasteners 105 and can attempt to fire the empty surgical instrument 35 on tissue. A lockout mechanism of the preferred invention is provided within the surgical instrument 35 to lock the trigger 85 when the surgical instrument 35 is empty.

As described previously, the trigger 85 has a lockout arm 88 fixably attached to and extending therefrom. As shown in FIG. 24, actuation of the trigger 85 moves the lockout arm 88 from the initial position of FIG. 3 to a first partially closed position within the handle 40, and into contact with the lockout wheel 100 to incrementally rotate the lockout wheel 100 in a first direction within the wheel receptacle 48. The lockout wheel locks the trigger 85 when all of the fasteners are delivered. Each successive actuation of the trigger 85 brings the lockout arm 88 into contact with a successive tooth of the lockout wheel 100.

In FIG. 24, the trigger 85 has rotated lockout arm 88 counter-clockwise to engage with ratchet tooth 101 extending from the rim of the lockout wheel 100. A lockout tab 102

is located just above the lockout arm 88 and extends outwardly from the ratchet tooth 101 engaged with the lockout arm 88. A lockout detent 103 is attached to and extends outwardly from the right handle half 41 towards the viewer to operably engage with the lockout wheel 100. The lockout detent 103 prevents a rotation of the lockout wheel 100 in a direction opposite to the first direction described above. A small cutout is provided within the lower portion of the lockout wheel 100 to show the outwardly extending end of the lockout detent 103.

FIG. 25 is a distal view taken across cross-section 25—25 in FIG. 24, and shows the necessary portions of the key elements so that the reader can understand the operation of the lockout mechanism. The lockout mechanism of the present invention consists of the lockout wheel 100, the lockout detent 103 and the lockout arm 88 extending from the trigger 85. Lockout wheel 100 is shown perpendicular to the axis of rotation and has lockout detent 103 operably engaged with a lockout tooth 101 to prevent clockwise rotation of the lockout wheel 100. The lockout arm of the trigger 85 is cross-sectioned by the cutting plane 25—25 and two cross-sections are taken across the lockout arm 88. To show the movement of the lockout arm 88, a first section 88a is taken across the distal end of the lockout arm 88 when the lockout arm is in the initial position, and a second section 88b is taken across the lockout arm 88 to show the position of the lockout arm 88 in each FIG. An arrow is provided to identify the direction of motion of the second section 88b of the lockout arm 88.

The lockout wheel 100 of the present invention can have the same number of teeth 101 around its circumference as the surgical instrument 35 has fasteners 105. When the trigger 85 is fully actuated to place a fastener 105 into tissue, the lockout arm 88 is brought into contact with the lockout wheel 100 to rotate or index the lockout wheel 100 counter-clockwise one tooth 101 as shown in FIG. 26. When the trigger 85 is released after the actuation, the lockout detent 103 prevents the lockout wheel 100 from rotating clockwise as the lockout arm 88 returns to the initial position 88a. Thus, one full actuation of the trigger 85 rotates the locking wheel 100 one tooth 101, and firing all of the fasteners 105 rotates the lockout wheel 100 one full revolution.

FIGS. 27–29 show how the lockout tab 102 operatively locks the lockout arm 88 (and the trigger 85) in the fully actuated or closed position as the last fastener 105 is fired. In FIG. 27, the lockout wheel has rotated nearly one full revolution from the first position of FIG. 25. This is indicated by the new position of the lockout tab 102. The second section 88b of the lockout arm 88 is shown moving upwardly, has just cleared the lockout tab 102, and is contacting the final lockout tooth 101. In FIG. 28, the second section 88b of the lockout arm 88 is shown in the fully actuated or closed position and the lockout tab 102 has rotated in under the second section 88b of the lockout arm 88. When the trigger 85 is released, the second section 88b of the lockout arm 88 moves downwardly to contact the lockout tab 102 and rotates the lockout wheel 100 clockwise to engage tooth 101 with the lockout detent 103 (FIG. 29). The engagement with the lockout detent 103 prevents the lockout wheel 100 from rotating clockwise and locks the lockout arm 88. Thus, in FIG. 29, the second section 88b of the lockout arm 88 (and trigger 85) is locked in the first partially closed position by the lockout detent 103 which prevents the trigger 85 of the surgical instrument 35 from opening.

While preferred embodiments of the present invention have been shown and described herein, it will be obvious to those skilled in the art that such embodiments are provided by way of example only. Numerous variations, changes, and substitutions will now occur to those skilled in the art without departing from the invention. Accordingly, it is

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intended that the invention be limited only by the spirit and scope of the appended claims.

What is claimed is:

1. A surgical fastening instrument comprising:
  - a. a handle;
  - b. a shaft extending from the handle and containing a plurality of surgical fasteners therein;
  - c. a penetrating member separate and distinct from said surgical fasteners for penetrating tissue, and a mechanism for first distally deploying said penetrating member from said distal end of said shaft and thereafter feeding at least one of said surgical fasteners distally from said penetrating member;
  - d. a means for preventing said penetrating member from deploying from said shaft upon feeding all of said plurality of surgical fasteners from said shaft;
  - e. a trigger pivotally extending from said handle, said trigger operably coupled to said mechanism and actuable from a first position to a second position and back to the first position to feed a surgical fastener from said shaft for each actuation of said trigger; and
  - f. wherein said means for preventing said penetrating member from deploying from said shaft upon feeding all of said plurality of surgical fasteners from said shaft comprises a wheel which incrementally rotates in a first direction with each actuation of said trigger, and locks said trigger when all of said fasteners are delivered.
2. The surgical fastener instrument of claim 1 wherein said wheel has a plurality of ratchet teeth extending outwardly around a rim of said wheel.
3. The surgical fastener instrument of claim 2 wherein said trigger further includes a lockout arm contacting said rim of said wheel, wherein upon each actuation of said trigger brings said lockout arm into contacts with a successive tooth of said lockout wheel.
4. The surgical fastener instrument of claim 1 further including a means for preventing rotation of said locking wheel in a direction opposite to the first direction.
5. The surgical fastener instrument of claim 2 wherein the number of teeth on said locking wheel is the same as the number of fasteners within the instrument.
6. The surgical fastener instrument of claim 4 wherein one of said ratchet teeth has a locking tab extending therefrom for locking said lockout arm and said trigger in said second position when said last surgical fastener is fed from said shaft.

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7. A surgical fastening instrument comprising:
  - a. a handle;
  - b. a shaft extending from the handle and containing a plurality of surgical fasteners therein;
  - c. a penetrating member separate and distinct from said surgical fasteners for penetrating tissue, and a mechanism for first distally deploying said penetrating member from said distal end of said shaft and thereafter feeding at least one of said surgical fasteners distally from said penetrating member;
  - d. a lockout mechanism for preventing said penetrating member from deploying from said shaft upon feeding all of said plurality of surgical fasteners from said shaft;
  - e. a trigger pivotally extending from said handle, said trigger operably coupled to said mechanism and actuable from a first position to a second position and back to the first position to feed a surgical fastener from said shaft for each actuation of said trigger; and
  - f. wherein said a lockout mechanism includes a wheel which incrementally rotates in a first direction with each actuation of said trigger, and locks said trigger when all of said fasteners are delivered.
8. The surgical fastener instrument of claim 7 wherein said wheel has a plurality of ratchet teeth extending outwardly around a rim of said wheel.
9. The surgical fastener instrument of claim 8 wherein said trigger further includes a lockout arm contacting said rim of said wheel, wherein upon each actuation of said trigger brings said lockout arm into contacts with a successive tooth of said lockout wheel.
10. The surgical fastener instrument of claim 8 further including a means for preventing rotation of said locking wheel in a direction opposite to the first direction.
11. The surgical fastener instrument of claim 8 wherein the number of teeth on said locking wheel is the same as the number of fasteners within the instrument.
12. The surgical fastener instrument of claim 9 wherein one of said ratchet teeth has a locking tab extending therefrom for locking said lockout arm and said trigger in said second position when said last surgical fastener is fed from said shaft.

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